



Mobile Caregiver+ Claims User Guide

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Mobile Caregiver+ Claims User Guide

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Terminology

The following terms are used throughout the application and throughout this User Guide.

Administrator (Admin): An individual or individuals assigned and responsible for running an agency or organization also known as: Administrator, Billing Agent, Scheduler, Human Resources, Office Manager, Agency Owner, Service Broker/Case Manager, Fiscal Agent.

Caregiver: An individual providing services/care is also known as: Live-in Service Provider, Rendering Provider, Billing Provider, Home Health Aide, Adult Daycare Provider, Provider, Community Mental Health Provider, Agency Providers, PDS Employee, Independent Provider, Service Provider, Participant Directed Service Provider, Personal Care Provider, Group Home Provider, Direct Care Worker, Direct Service Provider, Non-Agency Provider.

Healthcare Common Procedure Coding System (HCPCS codes): HCPCS is a standardized healthcare coding system that is used primarily to identify services provided also known as: Service Description, Billing Codes, Procedure Codes, Revenue Codes. (See also Service Codes).

Modifier: (Supplement to the *HCPCS Codes/Service Codes*) Two digits used for billing to provide extra details (when applicable) concerning a service/care provided by a Caregiver. Not all service codes have modifiers.

Agency: A business established to provide a service and employs individuals to render care also known as: Traditional Home Health Agency, Fiscal Management Agency (FMA), Provider Agency, Billing Provider.

Payer: Payer refers to the health plan or organization that provides payment to the Caregiver or Agency for the services that are provided to its Recipients by its Caregivers.

Prior Authorization/Service Authorization: Health plans authorize care for a Recipient for a specified period, for a specified unit (time increment for a service code) or for a specified number of visits.

Recipient: An individual receiving services/care is also known as: Client, Participant, Individual, Family Member (child, parent, spouse, etc.) PDS Employer, Beneficiary

Schedule: A schedule includes one or multiple visits that are most often planned by Administrators for Caregivers to provide services to Recipients. Caregivers may need to schedule a visit – when service is required on a weekend, for example, when an administrator is not available.

Service/Service Code: Service Codes (see also HCPCS codes) are used to define the type of service being rendered and the amount of time allotted for that service (unit). Service codes may include a series of tasks. For example, Unskilled Respite Care may include tasks like Cleaning or Grooming. Some, but not all service codes, may have modifiers that reflect multiple Recipients, same day, or time of day of visit.

Visit: A scheduled date, time, and place for a Caregiver to provide services to a Recipient and the services to be provided.

Getting Started

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Click a topic below:

[Logging In](#)

[Viewing the Dashboard](#)

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[About Claims Processing](#)

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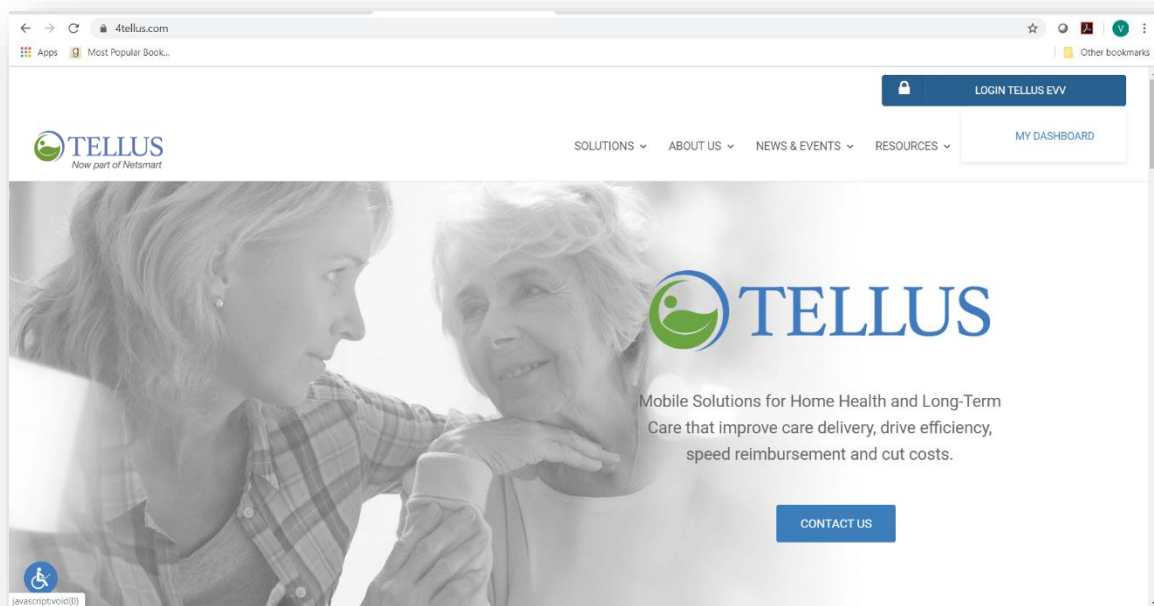
Logging In

You are here: [Mobile Caregiver+ Claims](#) > [Getting Started](#) > Logging In

Note: Be sure pop-up blockers are turned off before logging in.

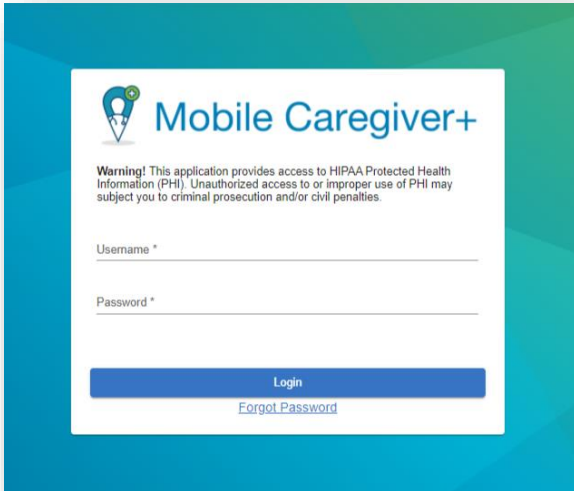
You can access the Mobile Caregiver+ Console using any web browser.

1. Type <https://4tellus.com/resources> in the address bar of your browser.



2. Click **LOGIN** in the upper right-hand corner and select **MY DASHBOARD**.

The Mobile Caregiver+ Login dialog box opens.

The image shows a login dialog box for Mobile Caregiver+. It has a blue and green gradient background. At the top left is the Mobile Caregiver+ logo. To its right is the text "Mobile Caregiver+". Below the logo is a warning message: "Warning! This application provides access to HIPAA Protected Health Information (PHI). Unauthorized access to or improper use of PHI may subject you to criminal prosecution and/or civil penalties." Below the warning are two input fields: "Username *" and "Password *". Below these fields is a blue "Login" button. Below the button is a link that says "Forgot Password".

3. Enter your **Username** and **Password**.

*Note: If you forgot your password, click **Forgot Password**. You will receive an email with a temporary link that will allow you to log in and change your password.*

4. Click **Login**.

The Mobile Caregiver+ Console opens to the Dashboard view.

Note: If you are new to Netsmart, you will receive an email inviting you to join Mobile Caregiver+. You have 36 hours to activate your account; after that time the invitation expires.

If you do not find the email in your inbox, check your junk and spam folders for the email from the Mobile Caregiver+ System.

Related Topics

- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
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Viewing the Dashboard

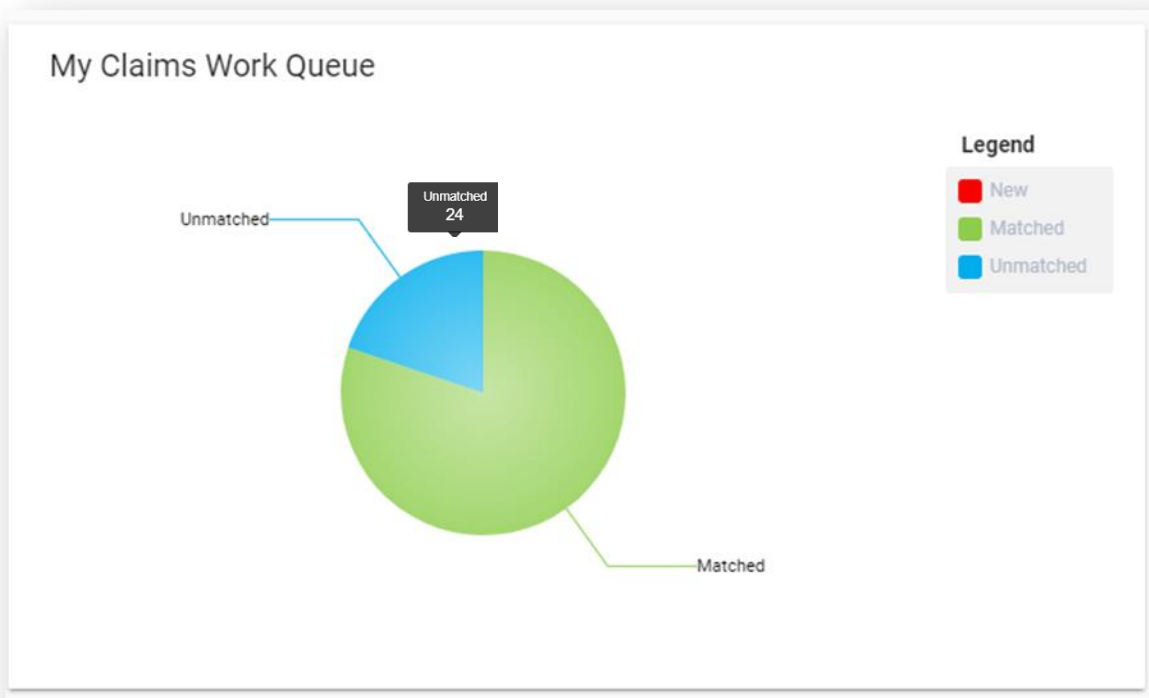
You are here: [Mobile Caregiver+ Claims](#) > [Getting Started](#) > Viewing the Dashboard

Note: You must be assigned the User Role "Admin" in order to see the Dashboard.

When you log in, the first page you will see is the Dashboard where you can see a summary of visits, your inbox, which are primarily used by Administrators and Caregivers, and claims.

Scroll down to see Claims information. There are three sections: My Claims Work Queue, Released Claims Pending Submission, and Claims.

- My Claims Work Queue shows a pie chart of new, matched, and unmatched visits in Work List.
 - Hover your cursor over a section of the pie chart to see the actual number of claims in each section.
 - Click the pie chart to go to the Work List.



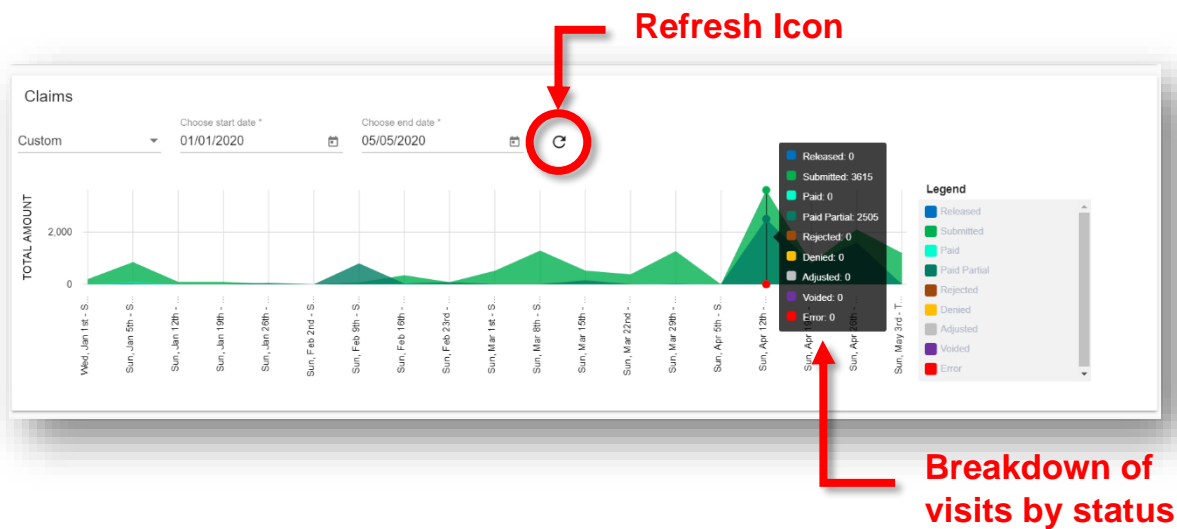
- Scroll further to see Released Claims Pending Submission. Here you will see the total dollars you can expect to receive for matched visits that have been released for payment.
 - Click the total to go to Claim Review.



Released Claims Pending Submission

\$6056.31

- The Claims section of the dashboard shows a graph of visits by status according to a timeline you choose.
 - Use the dropdown list at left to select **Today**, **This week**, **Last week**, **This month**, **Last month**, or **Custom**. If you select **Custom**, a **Choose start date** and **Choose end date** field will appear; use the dropdown calendar for each to select a date range, and then click the refresh icon at right.
 - Hover your cursor over any point in the graph to see the breakdown of visits by status.



Related Topics

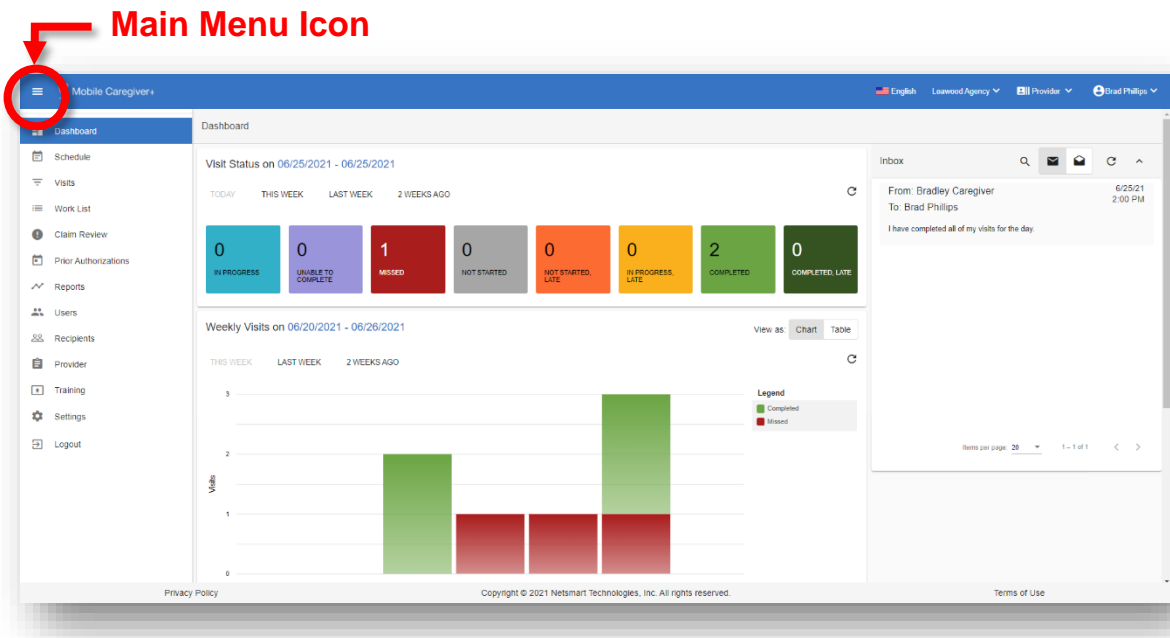
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Viewing the Main Menu

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*Note: You must be assigned the User Role “Admin” in order to see all menu options. If you are assigned the User Role “Billing” you will only see the **Visits, Work List, Claim Review, and Prior Authorization** options.*

The Main Menu appears on the top left side of the Mobile Caregiver+ Claims Console. Click the **Main Menu** icon – sometimes called the “hamburger icon” – in the upper left corner to expand the menu and see a description of all options. Click it again to collapse the Main Menu so that just the icons are visible.



The Main Menu provides access to many different features. The ones you will use for Claims are listed in the table that follows.

Menu Item	Description
<u>Dashboard</u>	Accesses the Console Home page that provides an at-a-glance look at visits and their status, your inbox, and summaries of claims information.
<u>Visits</u>	Allows you to find and transfer a completed visit to the Work List if the visit does not appear in the Work List.
<u>Work List</u>	Allows you to search and review Completed Visits by Payer to release for claims processing.
<u>Claim Review</u>	Allows you to view Payer responses to claims and resubmit paid/partially paid claims.
<u>Prior Authorizations</u>	Allows you to search and review Prior Authorizations. You can also add, update, and delete Prior Authorizations.
<u>Reports</u>	Allows you to view and print pre-defined or ad-hoc reports.
Logout	Logs you out of the Netsmart Console.

Related Topics

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About Claims Processing

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When a Caregiver or Rendering Provider is scheduled to provide service to a Recipient, it is based on a Prior Authorization that includes information such as the Recipient's name and address, their medical ID number, service codes that identify the services they need, and other information. The Rendering Provider will use their Netsmart Mobile Care+ app clock in and then clock out (end the visit), capture the Recipient's or a family member's signature verifying that the service was delivered, and then complete the visit.

After the visit is complete, information is sent to the Netsmart Claims Processing Portal where it can be reviewed (pre-adjudicated); it can be released for payment if all information from the Prior Authorization and visit match. If information does not match, the claim can be remediated and then released for payment.

There are several reasons visit information may not match:

- Missing Start and/or End Verification, which means the Rendering Provider did not check in or check out.
- Service duration is less than the minimum allowed by the Payer.
- The address where service was provided and address on the scheduled visit do not match.
- There is no Prior Authorization.
- The Prior Authorization number assigned to the visit does not match the actual Prior Authorization that allows the visit.

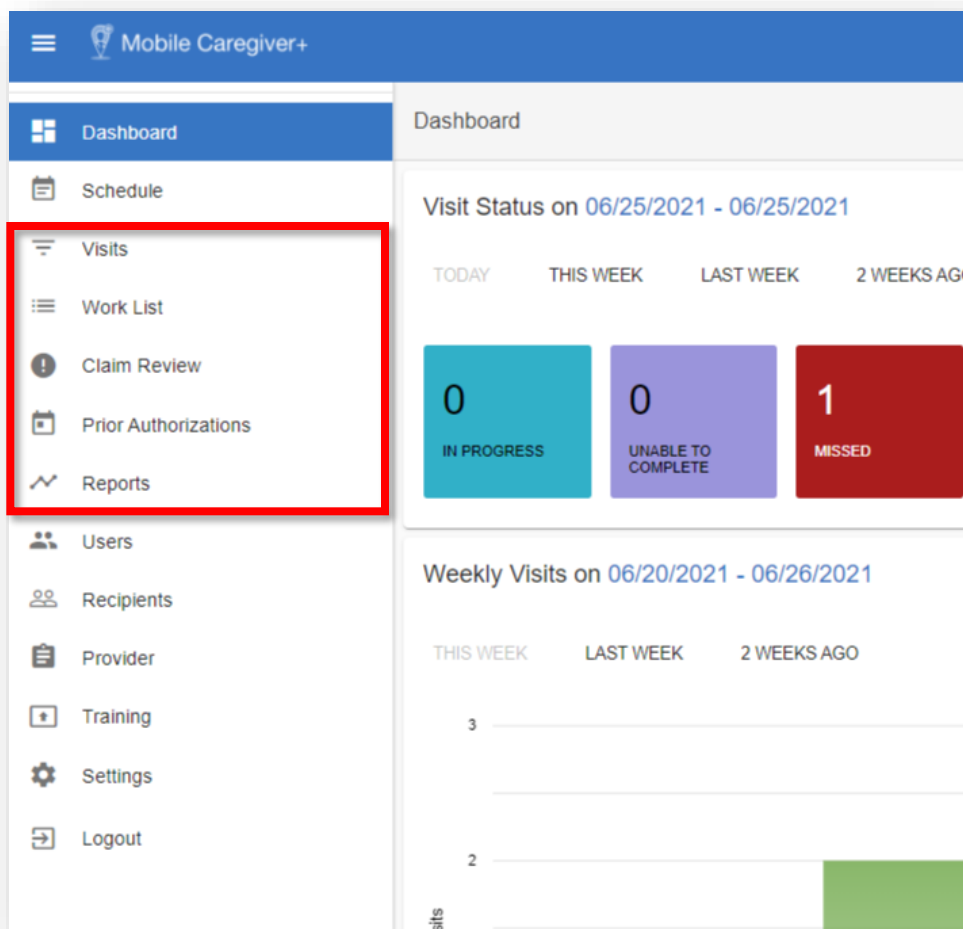
When a claim is released, Netsmart transmits it to the Payer who will pay or deny the claim.

The process described above is illustrated below.



There are five menu options that you will use for claims processing; they will be discussed in detail in the sections that follow.

- [Visits](#): Allows you to find and transfer a completed visit to the Work List if the visit does not appear in the Work List.
- [Work List](#): allows you to review completed visits to see whether they match Prior Authorizations and schedule details, and then release them for processing,
- [Claim Review](#): allows you to review claims status that have been submitted to the Payer.
- [Prior Authorizations](#): allows you to review authorization listed under one Payer. You can also add, update, and delete Prior Authorizations.
- [Reports](#): allows you to generate hours worked by provider (time log).



Related Topics

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About Visits

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Visits are scheduled, generally by an Administrator, and completed by Caregivers. See the Mobile Caregiver+ Administrator User Guide, which is available from the Training menu option, for complete information on visits.

Once completed, visit information is sent to the Netsmart Claims Processing Portal where it can be reviewed (pre-adjudicated) and, provided it matches the Prior Authorization, can be released for payment.

Completed visits appear in the Work List, but occasionally, a visit may need to be transferred to the Work List from the Visits option. You can read more about how to find a visit and transfer it in [Transferring Visits to the Work List Using the Visits Option](#).

Related Topics

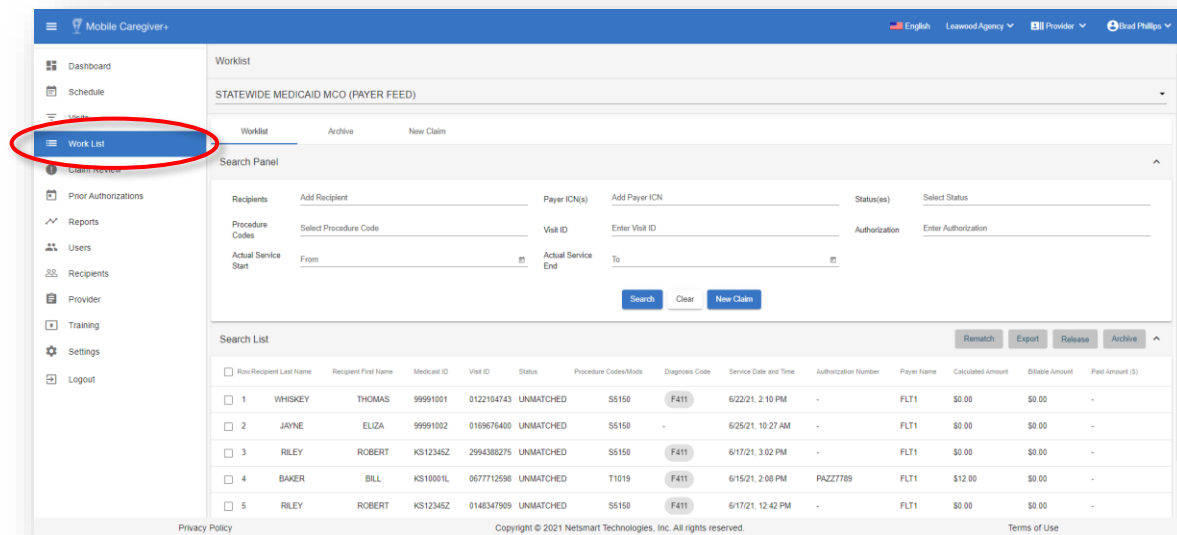
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About the Work List

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Completed visits display on the Work List. There are three statuses for claims:

- **New:** “New” visits are those that are newly completed but that have not been through the Netsmart pre-adjudication process, which happens automatically based on rules set by your organization. “New” claims cannot be released for payment until they have been through pre-adjudication, in which case, their status will change to “Matched” or “Unmatched.” Only “Matched” visits can be released for payment. Generally, you need to take no action on “New” visits.
- **Matched:** “Matched” visits are ready to be released for payment. All information from the visit matches the Prior Authorization, service codes, Recipient address and date and time of visit. See [Using the Work List](#) for more information on reviewing billing units ([Remediating Visits for Submission to Payer](#)) and [Releasing Matched Visits for Submission to Payer](#).
- **Unmatched:** “Unmatched” visits have errors or are missing information. You can click a visit to see its detail, and to see the errors and edit it needs. See [Using the Work List](#) and [Remediating Visits for Submission to Payer](#) for more information.

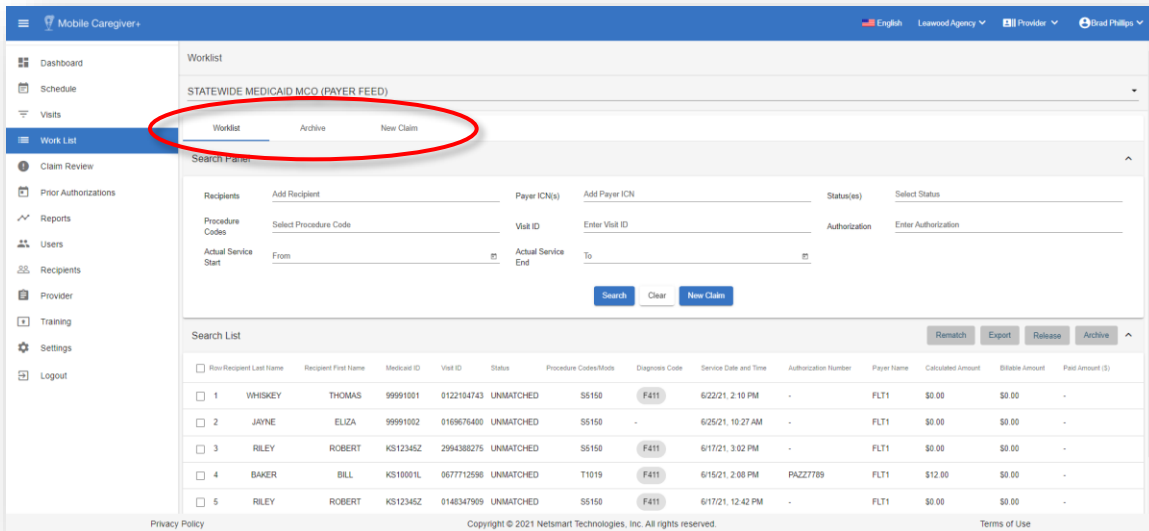


The Work List has three tabs, which are enabled after you select a Payer.

- **Work List:** where you will search for visits and view them.

- **Archive:** lists visits that have been removed from the Work List through the archive process.
- **New Claim:** allows you to create claims for unscheduled visits or to create new claims for that have been denied and are eligible for resubmission.

Note: You can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.



Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mode	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
1	WHISKEY	THOMAS	99991001	0122194743	UNMATCHED	S5150	F411	6/22/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-
2	JAYNE	ELIZA	99991002	0169676400	UNMATCHED	S5150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-
3	RILEY	ROBERT	KS12345Z	2994380275	UNMATCHED	S5150	F411	6/17/21, 3:02 PM	-	FLT1	\$0.00	\$0.00	-
4	BAKER	BILL	KS10001L	0677712598	UNMATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7769	FLT1	\$12.00	\$0.00	-
5	RILEY	ROBERT	KS12345Z	0148347909	UNMATCHED	S5150	F411	6/17/21, 12:42 PM	-	FLT1	\$0.00	\$0.00	-

You will use the Work List to do the following:

- [Review completed visits](#)
- [Release “Matched” visits for submission to a Payer](#)
- [Remediate visits for release to Payer](#)
- [Create a new visit](#) for visits that were denied by the Payer.

Note: You can create new claims for denied claims and resubmit them only if the claim has an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

- [Archive visits](#), which is used to store visits that are not billable or payable by the payer you no longer want to see them or delete them from Work List. It can also be used to store Unmatched visits while awaiting Prior Authorizations to be uploaded to the Netsmart system; visits that are payable must be [returned](#) to the Work List).

Related Topics

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About Claim Review

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You will use the Claim Review option to view claims as they go through claims processing. Claims will have one of the following statuses.

- Released: The visit has been released for payment.
- Submitted: The visit has been “Submitted for payment; this status will change to “Accepted” when it is received by the Payer or “Rejected.”
- Accepted: The claim has been accepted by the Payer and it has been assigned an Internal Control Number (ICN) that the Payer uses to identify claims.

*Note: In the Netsmart system, Medicaid, as well as some other Payers, assign the same ICN to all claims in a batch when the batch is submitted. You may have several claims with the same ICN; if any claim in the batch needs to be adjusted and resubmitted, **all claims** with the same ICN must be resubmitted, including those that do not need adjusting. See [Adjusting Unpaid/Partially Paid Claims](#).*

- Denied: The claim has been “Denied” by the Payer and will not be paid; in some cases, you can [create a new claim](#) and resubmit it.

Note: You can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims, for example: that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

- Paid: The Payer has paid the agency for the services it provided to the Recipient.
- Paid Partial: The Payer has partially paid the agency for the services it provided to the Recipient. You may choose to [adjust and resubmit these claims](#).
- Rejected: The claim was part of a batch that was rejected for incorrect data or processing. See Releasing a Rejected Claim.

Mobile Caregiver+

English Leewood Agency Provider Grad Phillips

Dashboard

Schedule

Visits

Work List

Claim Review

Prior Authorizations

Reports

Users

Recipients

Provider

Training

Settings

Logout

Claims

Claim

Volts and Adjustments

Claim Review

Select Payer *

Statewide Medicaid MCO (Payer Feed)

Payer ICN(s)

Add Payer ICN

Status(es)

Select Status

Procedure Codes

Select Procedure Code

Visit ID

Enter Visit ID

Authorization Number(s)

Add Authorization Number

Select Recipient(s)

Add Recipient

Member ID(s)

Add Member ID

Actual Service Start

From

To

Search

Clear

Search List

Export

<input type="checkbox"/>	Row	Recipient Last Name	Recipient First Name	Visit ID	Member ID	Status	Procedure Codes/Mod	Diagnosis Code	Service Date	Authorization Number	Payer	Consulted Amount	Billable Amount	Paid Amount
<input type="checkbox"/>	1	BAKER	BILL	1901234976	KS10001L	RELEASED	T1019	F411	6/16/21	PA765913	FLT1	14.00	0.00	-
<input type="checkbox"/>	2	BAKER	BILL	0374302863	KS10001L	PAID	T1019	F411	6/11/21	PA765913	FLT1	14.00	14.00	14.00
<input type="checkbox"/>	3	WHISKEY	THOMAS	1158265807	99591001	PAID	T1019	F411	6/22/21	TW55889PA	FLT1	12.00	0.00	14.00

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Privacy Policy

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1. Click a claim to see its detail.

Edits & Errors						
Item	Reason / Error Code	Reason / Error Code Description	Change	Modified On	Modified By	Notes
Manual Authorization	9170	Provider Agency Authorization Override		6/24/21, 10:14 AM	Brad Phillips	-
ⓘ Visit: Service Duration Less Than Minimum Allowed by Payer	9104	PSA: failed to Check-In. Verified Services Performed	-	6/24/21, 10:14 AM	Brad Phillips	I verified this manually.

2. Scroll to the bottom of the detail to see edits and corrections required, if any.

Note: You can only view Edits & Errors in Claim Review; errors can only be corrected in [Work List](#).

Edits & Errors					
Item	Reason / Error Code	Reason / Error Code Description	Modified On	Modified By	Notes
ⓘ Visit Missing Start and/or End Verification	5080	Caregiver forgot to end visit, visit verified complete.	8/5/19, 12:03 PM	Freddy Bautista	-

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About Prior Authorizations

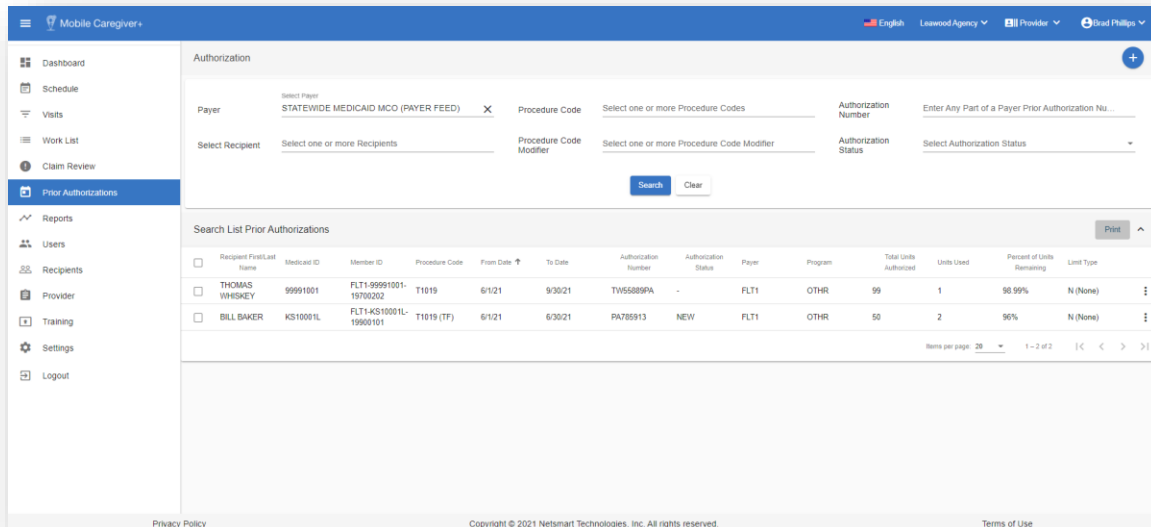
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A Prior Authorization must match a completed visit in order for that visit to be released for payment. Below are the data elements in the Prior Authorization that must match the visit:

- Provider name
- Recipient name
- Service codes
- Diagnosis codes
- The start and end date that the Prior Authorization is effective

Prior Authorizations will have one of these statuses:

- New: no visits have been billed against it.
- Partially Used: some visits have been billed against it; Netsmart automatically calculates units used for visits.
- Used: The Prior Authorization has expired; you can still schedule visits, but visits with expired Prior Authorizations cannot be billed.



Recipients	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Limit Type	
<input type="checkbox"/> THOMAS WHISKEY	99991001	FLT1-99991001-19700202	T1019	6/1/21	9/30/21	TV55889PA	-	FLT1	OTHR	99	1	98.99%	N (None)
<input type="checkbox"/> BILL BAKER	KS10001L	FLT1-KS10001L-19900101	T1019 (TF)	6/1/21	6/30/21	PA788913	NEW	FLT1	OTHR	50	2	96%	N (None)

All elements of a completed visit must align with the Prior Authorization and Payer business rules in the system or it will be flagged as “Unmatched” in the Work List.

You will use the Prior Authorization option to:

- [Search for a Prior Authorization](#) if it is missing from a visit
- [Add a Prior Authorization](#).
- View and [update Prior Authorization](#) detail.
- [Delete a Prior Authorization](#).

Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled

Related Topics

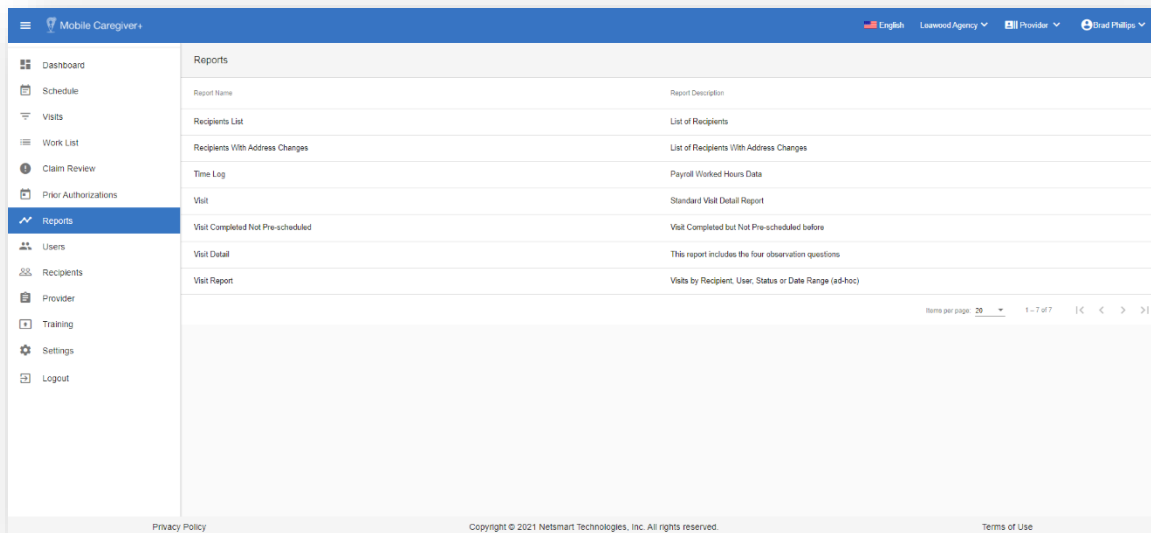
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About Reports

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Note: You must be assigned the User Role “Admin” in order to see the Reports option.

Netsmart offers a variety of reports for claims. You can filter data so that you get just the information you need. You can also export reports to several different formats.



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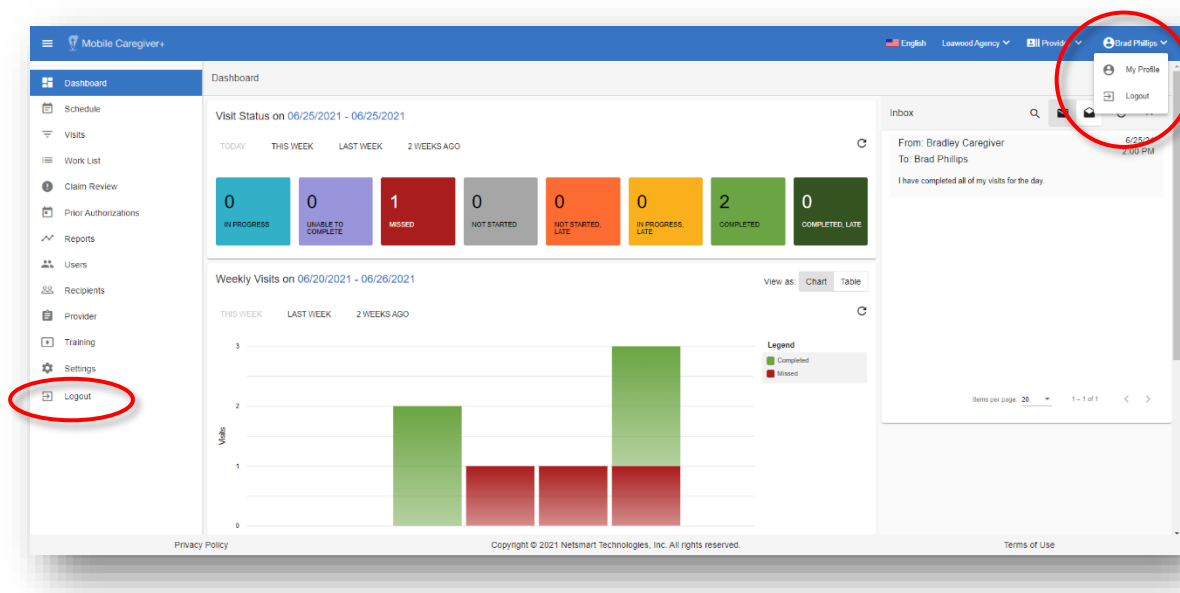
Logging Out

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Any time you are not actively using the system, it is a best practice to log out. Logging out helps ensure the security and protection of your organization's information as well as the information for your Recipients and Caregivers. If you do not logout, you will automatically be logged out after 30 minutes of inactivity.

There are two ways to logout. Either way you will be logged out of the system and returned to the system login page.

- Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information). Then, click **Logout**.
- In the banner, click the drop-down list next to your **Username**. Then, click **Logout**.



Related Topics

- [Logging In](#)
- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
- [About Claims Processing](#)
- [About Visits](#)
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- [About Claim Review](#)
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Using the Work List

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Click a topic below:

[Searching for a Visit in the Work List](#)

[Transferring Visits to the Work List Using the Visits Option](#)

[Reviewing Completed Visits](#)

[Releasing Matched Visits for Submission to Payer](#)

[Releasing a Rejected Claim](#)

[Remediating Visits for Submission to Payer](#)

[Archiving Visits](#)

[Searching for Archived Visits](#)

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[Creating a New Visit](#)

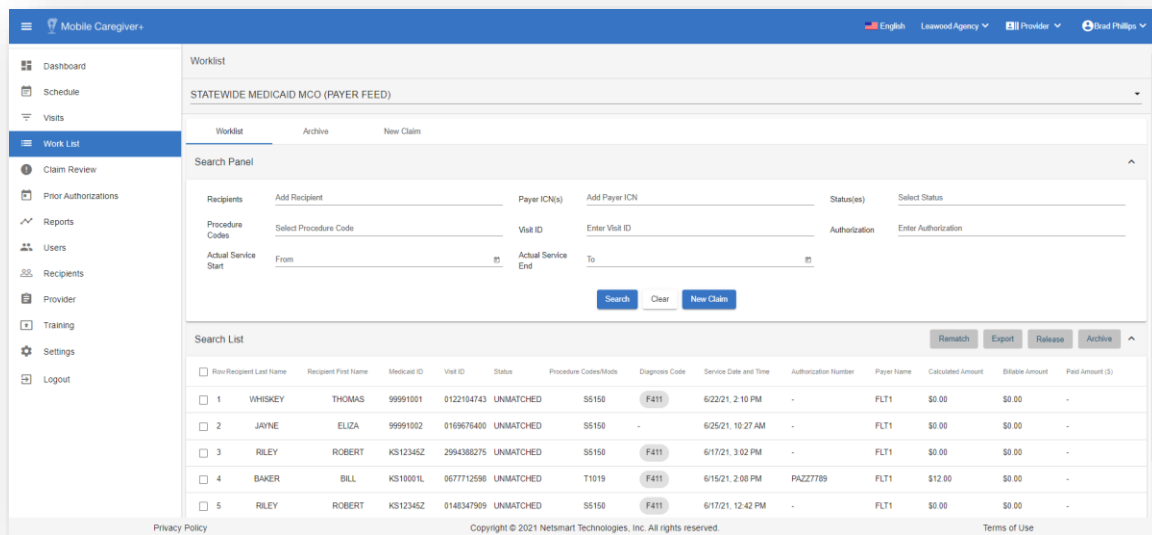
Searching for a Visit in the Work List

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Searching for a Visit in the Work List

To find a visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

Note: Making a Payer selection enables the Archive and New Claim tabs.



The screenshot shows the 'Worklist' page in the Mobile Caregiver+ application. The left sidebar contains a 'Main Menu' with options like Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The 'Work List' section is active, showing a 'STATEWIDE MEDICAID MCO (PAYER FEED)' dropdown. Below this are tabs for 'Worklist', 'Archive', and 'New Claim'. A 'Search Panel' is visible with fields for Recipients, Add Recipient, Payer ICN(s), Add Payer ICN, Status(es), Select Status, Procedure Codes, Select Procedure Code, Visit ID, Enter Visit ID, Authorization, Enter Authorization, Actual Service Start, From, Actual Service End, To, and a Search button. Below the search panel is a 'Search List' table with columns: Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Codes/Mode, Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Billable Amount, and Paid Amount (\$). The table contains 5 rows of data, all with 'UNMATCHED' status and 'F411' diagnosis code.

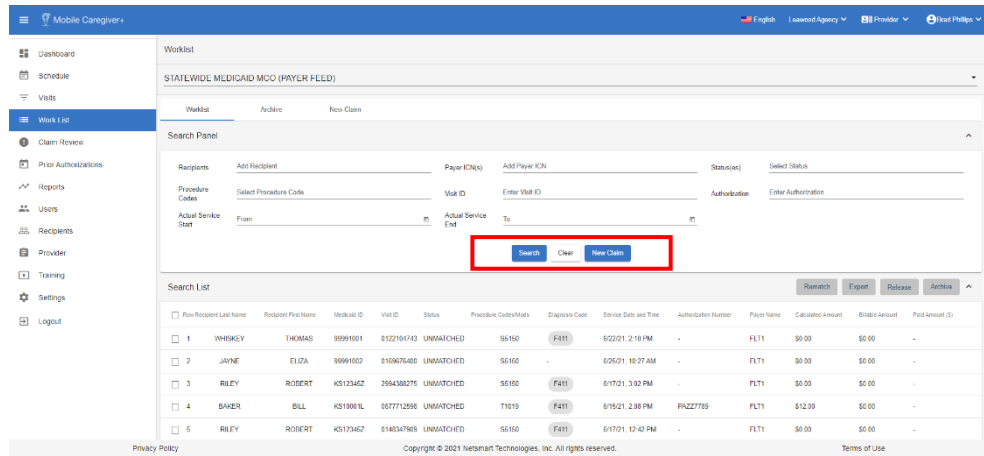
Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mode	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
1	WHISKEY	THOMAS	99991001	0122104743	UNMATCHED	S5150	F411	6/23/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-
2	JAYNE	ELIZA	99991002	0109676400	UNMATCHED	S5150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-
3	RILEY	ROBERT	KS12345Z	2994380275	UNMATCHED	S5150	F411	6/17/21, 3:02 PM	-	FLT1	\$0.00	\$0.00	-
4	BAKER	BILL	KS10001L	0677712598	UNMATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7789	FLT1	\$12.00	\$0.00	-
5	RILEY	ROBERT	KS12345Z	0140347909	UNMATCHED	S5150	F411	6/17/21, 12:42 PM	-	FLT1	\$0.00	\$0.00	-

4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays. You can also type a string of characters in a field to narrow the list.

- Recipient(s)
- HCPCS Code(s)
- Statuses: New, Matched, or Unmatched
- Service IDs
- Visit ID

Note: Payer ICN (s) cannot be searched when you are looking for unsubmitted visits; ICNs are assigned when a claim is submitted.

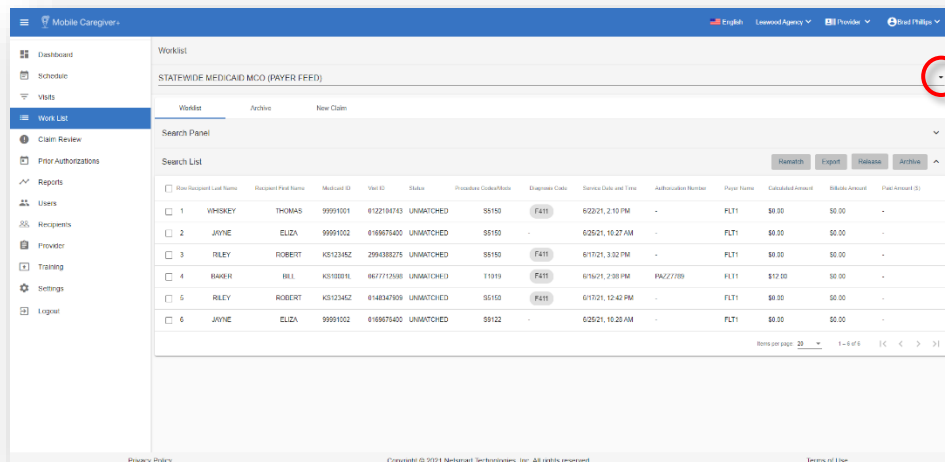
- To search for claims by date by the Actual Service Date, you can enter the date range by doing the following steps: click on the calendar icon to the right of the word **From** to enter the start date, and then click on the calendar icon to the right of the word **To** to enter the end date.



The screenshot shows the Mobile Caregiver+ interface. The left sidebar contains navigation options: Dashboard, Schedule, Visits, Work List (selected), Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main area is titled 'Worklist' and 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below this is a 'Search Panel' with fields for Recipients, Add Recipient, Payer ID(s), Add Payer ID, Status(es), Select Status, Procedure Codes, Select Procedure Code, Visit ID, Enter Visit ID, Authorization, and Enter Authorization. At the bottom of the search panel, there are three buttons: 'Search', 'Clear', and 'New Claim', which are highlighted with a red box. Below the search panel is a 'Search List' table with columns: Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Code(s), Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Balance Amount, and Paid Amount (S).

- Click **Search**.

A list of completed visits will display below the search fields. Click **^** to collapse the search fields to see the list; Click **v** to expand the search fields.



The screenshot shows the Mobile Caregiver+ interface with the 'Search List' table expanded. The table has columns: Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Code(s), Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Balance Amount, and Paid Amount (S). A red circle highlights the collapse/expand icon (a small triangle) in the top right corner of the search panel area.

If you do not find the visit you're looking for, it may not have been transferred to the Work List yet. Use the [Visits](#) option to find the visit and transfer it.

Related topics:

- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

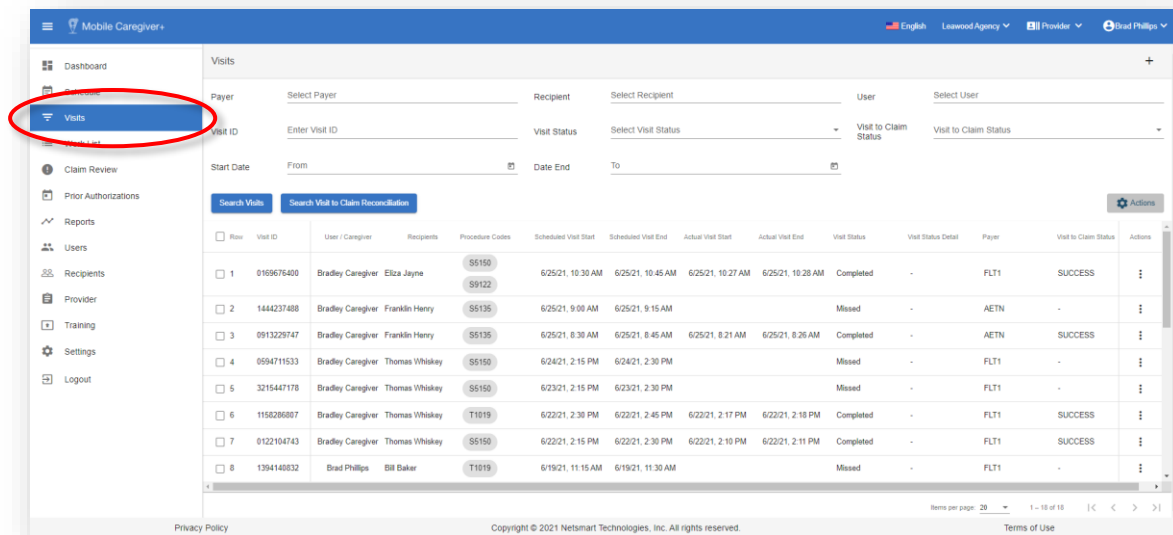
Transferring Visits to the Work List Using the Visits Option

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Transferring Visits to the Work List Using the Visits Option

If you do not find a visit in the Work List, you can search for the Visit using the Visits option and then transfer it to the Work List. To do so:

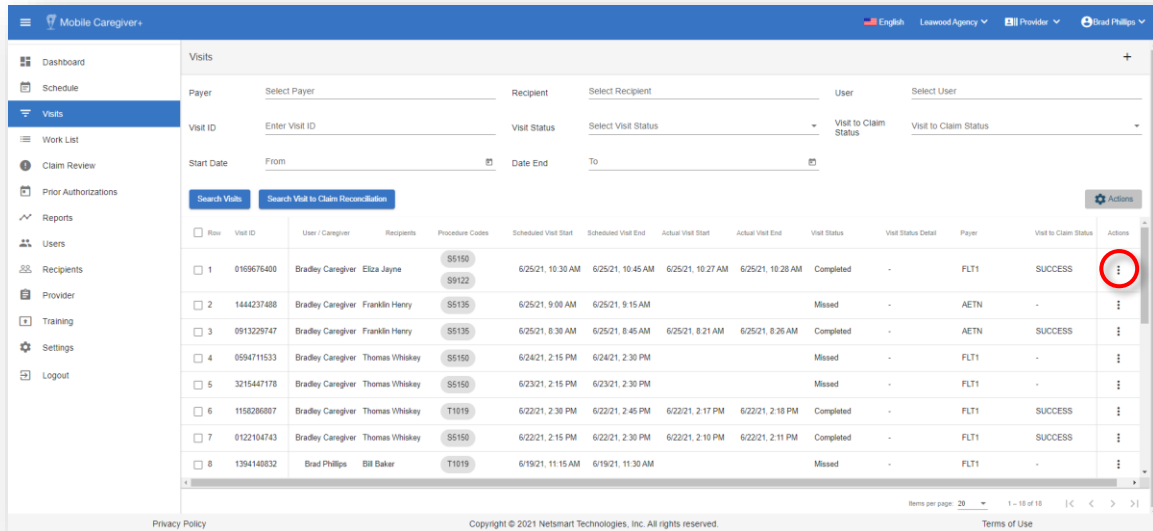
To find a visit:









1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Visits** to open the **Visits** page.



3. You can search for **Visits** by using one or a combination of the following.
 - **Date:** The default value is **Today**, or you can select from the options listed below.
 - Tomorrow

- This Week
 - Next Week
 - Last Week
 - 2 Weeks Ago
 - This Month
 - Last Month
 - **Custom:** When you make this selection, two additional fields display; **Choose Start Date** and **Choose End Date**. Use the calendar icon in each field to select the date range you want to see visits for.
- **Visit status:** Leave this field blank. “Missed” visits will need to be completed; “Completed” and “Complete, Late” visits can be transferred to the Work List.
 - **User name:** To find a visit by **User**, or Caregiver, type all or part of the Caregiver name in the **User** field. A list of Users with the characters that match your entry will display. Make a selection from the list.
 - **Recipient name:** To find visits by **Recipient**, type all or part of a Recipient name in the **Recipient** field.
 - **Visit ID:** assigned when the visit is schedule and appears only in the Visits menu option.
 - **Visit to Claim Status:** Choose **None** or **Error** (the visit has incorrect information, such as in incorrect Medicaid ID#). **Success** indicates the visit successfully transferred to the Work List for claims processing when it was.
4. Click **Find** after making your entries and selections.
 5. Click the vertical ellipsis to open the **Visit**.




Row	Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End	Actual Visit Start	Actual Visit End	Visit Status	Visit Status Detail	Payer	Visit to Claim Status	Actions
1	0169676400	Bradley Caregiver Eliza Jayne		S5150 S9122	6/25/21, 10:30 AM	6/25/21, 10:45 AM	6/25/21, 10:27 AM	6/25/21, 10:28 AM	Completed	-	FLT1	SUCCESS	
2	1444237488	Bradley Caregiver Franklin Henry		S5135	6/25/21, 9:00 AM	6/25/21, 9:15 AM			Missed	-	AETN	-	
3	0913229747	Bradley Caregiver Franklin Henry		S5135	6/25/21, 8:30 AM	6/25/21, 8:45 AM	6/25/21, 8:21 AM	6/25/21, 8:26 AM	Completed	-	AETN	SUCCESS	
4	0594711533	Bradley Caregiver Thomas Whiskey		S5150	6/24/21, 2:15 PM	6/24/21, 2:30 PM			Missed	-	FLT1	-	
5	3215447178	Bradley Caregiver Thomas Whiskey		S5150	6/23/21, 2:15 PM	6/23/21, 2:30 PM			Missed	-	FLT1	-	
6	1158286807	Bradley Caregiver Thomas Whiskey		T1019	6/22/21, 2:30 PM	6/22/21, 2:45 PM	6/22/21, 2:17 PM	6/22/21, 2:18 PM	Completed	-	FLT1	SUCCESS	
7	0122104743	Bradley Caregiver Thomas Whiskey		S5150	6/22/21, 2:15 PM	6/22/21, 2:30 PM	6/22/21, 2:10 PM	6/22/21, 2:11 PM	Completed	-	FLT1	SUCCESS	
8	1394148832	Brad Phillips Bill Baker		T1019	6/19/21, 11:15 AM	6/19/21, 11:30 AM			Missed	-	FLT1	-	

6. If the Claim Invoice ID # is shown, click it to transfer the Visit to the Work List.

If the Claim Invoice ID # is not shown, click the “reload” icon to transfer the visit to the Work List; click the Claim Invoice ID # to go directly to the Work List (a new tab will open) where you can work on the visit.

Visit

Status:

Complete 

Claim Status:

-

Caregiver:

Bradley Caregiver

Select Recipient(s):

Franklin Henry

Completed Tasks:

HCPCS Code/Mods	HCPCS Description	Tasks Description
S5135 -	Adult companioncare per 15m	

Visit Status Detail:

Claim Invoice ID#:

f2d6dbeb-1d50-40cc-bea1-beadb4cc71cf
(Franklin Henry)

Notes:

Scheduled Visit Start:

Jun 25, 2021, 8:30:00 AM

Scheduled Visit End:

Jun 25, 2021, 8:45:00 AM

Actual Visit Start:

Jun 25, 2021, 8:21:30 AM

Actual Visit End:

Jun 25, 2021, 8:26:05 AM

Actual Start Phone Number:

-

Actual End Phone Number:

-

Start Verification Type:

GPS

End Verification Type:

GPS

Start Location Variance (Miles):

19.1

End Location Variance (Miles):

19.1

Scheduled Start Address:

5896 South National Drive
Parkville MO 64152

Scheduled End Address:

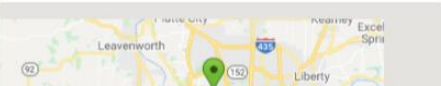
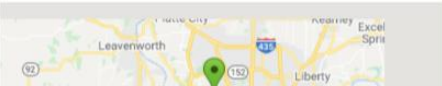
5896 South National Drive
Parkville MO 64152

Scheduled Start Address Type:

-

Scheduled End Address Type:

-

[View Printable Visit](#)

Related topics:

- [Searching for a Visit in the Work List](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

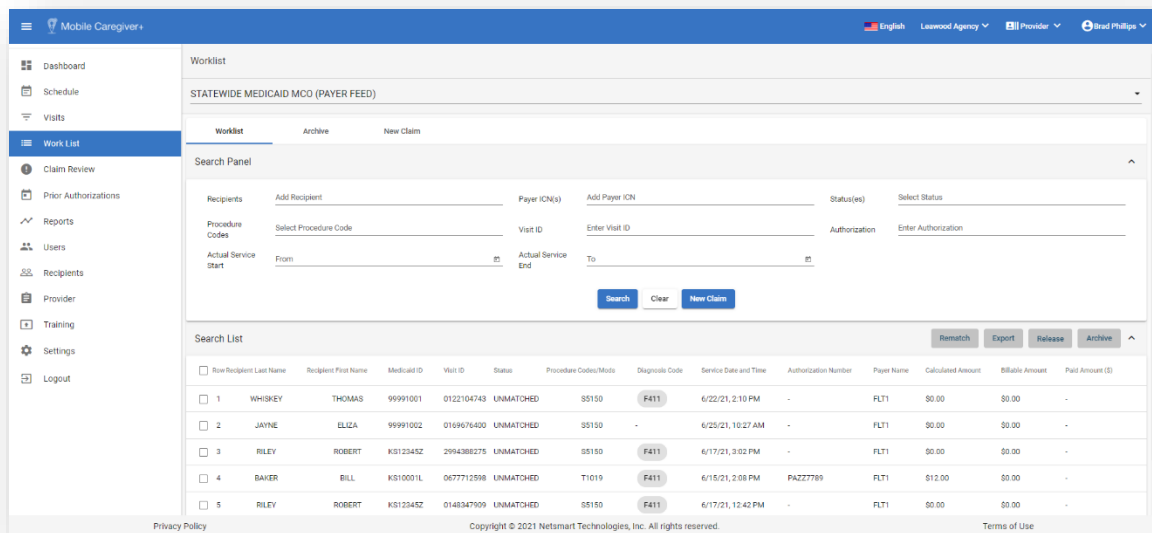
Reviewing Completed Visits

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Reviewing Completed Visits

When a visit is complete, go to the Work List to release it for payment, or to remediate and then release it. You should review “Matched” visits to make sure units are not being over or under billed. When you review “Unmatched” visits, Netsmart will provide information on incorrect or missing information. You can read more about updating visit information in [Remediating Visits for Submission to Payer](#).

1. Expand the **Main Menu**, (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

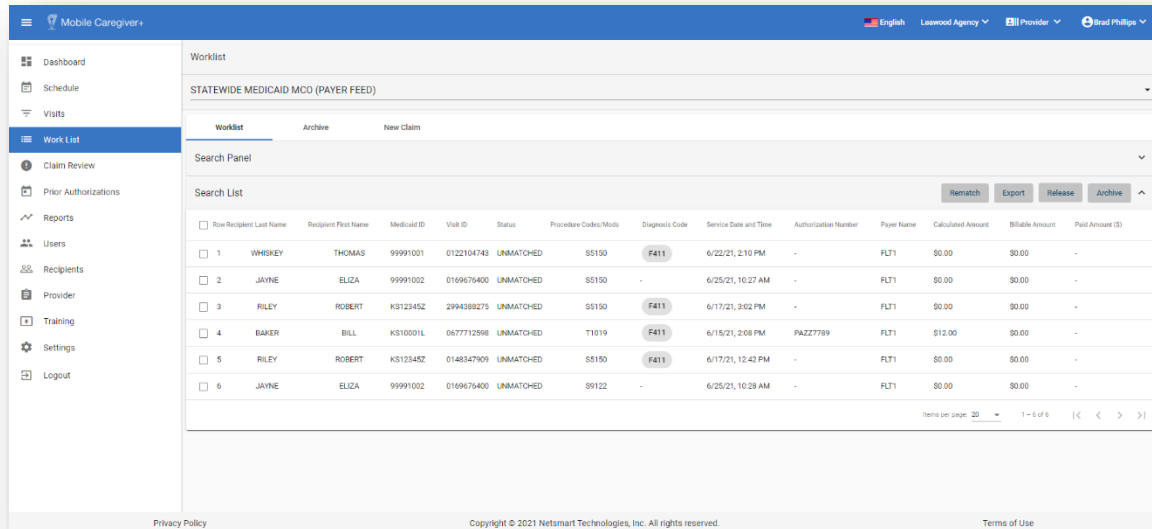
Note: Making a Payer selection enables the Archive and New Claim tabs.



The screenshot shows the 'Work List' page in the Mobile Caregiver+ application. The left sidebar contains a 'Main Menu' with options like Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The 'Work List' section is active, showing tabs for 'Worklist', 'Archive', and 'New Claim'. Below these is a 'Search Panel' with fields for Recipients, Payer, Procedure Codes, and Actual Service dates. A 'Search' button is present. Below the search panel is a 'Search List' table with columns for Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Codes/Memo, Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Billable Amount, and Paid Amount (\$). The table lists five 'UNMATCHED' visits. At the bottom, there are links for 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Memo	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
1	WHISKEY	THOMAS	99991001	0122104743	UNMATCHED	S5150	F411	6/22/21, 2:10 PM	-	FL71	\$0.00	\$0.00	-
2	JAYNE	ELIZA	99991002	0169676400	UNMATCHED	S5150	-	6/25/21, 10:27 AM	-	FL71	\$0.00	\$0.00	-
3	RILEY	ROBERT	K5123452	2994366275	UNMATCHED	S5150	F411	6/17/21, 9:02 PM	-	FL71	\$0.00	\$0.00	-
4	BAUER	BILL	K510001L	0677712598	UNMATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7789	FL71	\$12.00	\$0.00	-
5	RILEY	ROBERT	K5123452	0148347909	UNMATCHED	S5150	F411	6/17/21, 12:42 PM	-	FL71	\$0.00	\$0.00	-

4. [Search for the visits](#) you want to review.
5. After making your selections click **Search** to see the list of visits that meet your criteria.

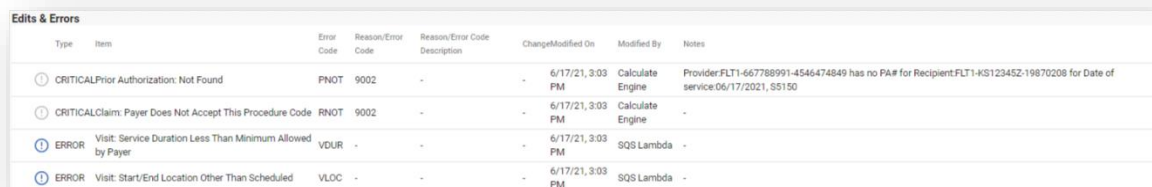


The screenshot shows the 'Worklist' section of the Mobile Caregiver+ application. The left sidebar contains navigation options: Dashboard, Schedule, Visits, Work List (selected), Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main area displays a 'Worklist' for 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below this is a 'Search Panel' with a 'Search List' table. The table has columns for Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Codes/Mod, Diagnostic Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Billable Amount, and Paid Amount (\$). There are 6 rows of data, all with a status of 'UNMATCHED'. At the bottom of the table, it says 'Items per page: 20' and '1 - 6 of 6'.

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mod	Diagnostic Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
1	WHISKEY	THOMAS	99991001	0122104743	UNMATCHED	S5150	F411	6/22/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-
2	JAYNE	ELIZA	99991002	0169676400	UNMATCHED	S5150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-
3	RILEY	ROBERT	K312345Z	2994388275	UNMATCHED	S5150	F411	6/17/21, 3:52 PM	-	FLT1	\$0.00	\$0.00	-
4	BAKER	BILL	K310001L	0577712598	UNMATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7789	FLT1	\$12.00	\$0.00	-
5	RILEY	ROBERT	K312345Z	0148347909	UNMATCHED	S5150	F411	6/17/21, 12:43 PM	-	FLT1	\$0.00	\$0.00	-
6	JAYNE	ELIZA	99991002	0169676400	UNMATCHED	S9122	-	6/25/21, 10:28 AM	-	FLT1	\$0.00	\$0.00	-

6. Click the line for the visit you want to review to see its detail.

You will need to scroll down to see all information and to see the **Edits & Errors** required for visits with the status “Unmatched.”



The screenshot shows the 'Edits & Errors' table. It has columns for Type, Item, Error Code, Reason/Error Code, Reason/Error Code Description, Change/Modified On, Modified By, and Notes. There are 4 rows of data, all with a status of 'ERROR'.

Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	Change/Modified On	Modified By	Notes
CRITICAL	Prior Authorization: Not Found	PNOT	9002	-	6/17/21, 3:03 PM	Calculate Engine	Provider:FLT1-667788991-4546474849 has no PA# for Recipient:FLT1-K312345Z-19870208 for Date of service 06/17/2021, S5150
CRITICAL	Claim: Payer Does Not Accept This Procedure Code	RNOT	9002	-	6/17/21, 3:03 PM	Calculate Engine	-
ERROR	Visit: Service Duration Less Than Minimum Allowed by Payer	VDUR	-	-	6/17/21, 3:03 PM	SQS Lambda	-
ERROR	Visit: Start/End Location Other Than Scheduled	VL0C	-	-	6/17/21, 3:03 PM	SQS Lambda	-

Note: Fields that have the “pencil” icon can be edited; more on that in [Remediating Visits for Submission to Payer](#).

Mobile Caregiver+

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3

RILEY

ROBERT

K5123452

299438275

UNMATCHED

S5150

F411

6/17/21, 3:02 PM

FL71

\$0.00

\$0.00

English

Lawson Agency

Provider

Brad Phillips

Print

Close

Details: Robert Riley

Claim

Share Of Cost

Messaging

Technical

Status

Payer Approval Status

Recipient Name

Recipient Date Of Birth

Recipient Medicaid ID

Recipient Member ID

Payer

Payer ICN

Jurisdiction

Plan

Program

Contract Number

Provider Medicaid ID

Provider TIN/EN

Provider NPI Number

UNMATCHED

Payer Approval Status

ROBERT RILEY

02/08/1967

K5123452

FL71-K5123452-19870208

STATEWIDE MEDICAD MCO (PAYER FEED)

Payer ICN

FL

NONE

NONE

Contract Number

K5123452

667789991

4546474849

Start Verification Method

End Verification Method

Actual Check-In Phone

Actual Check-Out Phone

I/R Approved Start Phone Number

I/R Approved End Phone Number

Scheduled Visit Start

Actual Service Start

Billable Service Start

Scheduled Visit End

Actual Service End

Billable Service End

Visit Duration

Service Duration

Non-Billable Time

GPS

GPS

9138899999

9138899999

Jun 17, 2021, 3:00 PM

Jun 17, 2021, 3:02 PM

Jun 17, 2021, 3:02 PM

Jun 17, 2021, 3:15 PM

Jun 17, 2021, 3:02 PM

Jun 17, 2021, 3:02 PM

00:00:00

00:00:00

00:00:00

System-Assigned Auth No

Manual Override Auth No

Diagnosis Code

Procedure Codes/Meds

Calculated Units

Calculated Amount (\$)

Billable Units

Billable Amount (\$)

Paid Amount (\$)

Third Party Liability Paid (\$)

Last Modified

Last Modified By

Source System

F411

S5150

Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
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Releasing Matched Visits for Submission to Payer

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Releasing Matched Visits for Submission to Payer

“Matched” visits are those that have been through the pre-adjudication process in the Netsmart system and are ready to be released to Payers for adjudication and payment. Visits are considered “Matched” if:

- All information aligns with the Prior Authorization and Payer business rules in the system.
- The date, time and location captured when the Rendering Provider clocked in and clocked out using their Netsmart Mobile Care+ app matches the schedule.
- The Rendering Provider has completed all services and tasks.

Note: It is important that you review Calculated Units and Calculated Amount on “Matched” visits to ensure that you are not under- or overbilling. The following instructions describe how to check and update units and the billable amount. There are other fields that can be updated as well; see [Remediating Visits for Submission to Payer](#) if you need instructions.

To check and release “Matched” visits:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information.)
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the visits](#) you want to release; be sure to select **Matched** in the **Statuses** field.

Mobile Caregiver+

English Leeward Agency Provider Brad Phillips

Dashboard

Schedule

Visits

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Prior Authorizations

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Recipients

Provider

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Logout

Worklist

STATEWIDE MEDICAID MCO (PAYER FEED)

Worklist Archive New Claim

Search Panel

Recipients Add Recipient Payer ION(s) Add Payer ION

Procedure Codes Select Procedure Code Visit ID Enter Visit ID

Actual Service From To Actual Service End

Status(es) Matched

Search Clear New Claim

Search List

Rematch Export Release Archive

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- When the list displays, click the check box to the left of the claim you want to review.
- Click the line to see its detail.

Mobile Caregiver

English

Lawson Agency

Provider

Prad Philleo

Dashboard

Schedule

Visits

Work List

Claim Review

Prior Authorizations

Reports

Users

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Search List

	Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mode	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
<input type="checkbox"/>	1	WHISKEY	THOMAS	99991001	0122104743	UNMATCHED	S0150	F411	6/22/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-
<input type="checkbox"/>	2	JAYNE	ELIZA	99991002	0165676400	UNMATCHED	S0150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-
<input type="checkbox"/>	3	RILEY	ROBERT	K312345Z	2994388275	UNMATCHED	S0150	F411	6/17/21, 3:02 PM	-	FLT1	\$0.00	\$0.00	-
<input checked="" type="checkbox"/>	4	BAKER	BILL	K31000TL	067712996	MATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7769	FLT1	\$12.00	\$0.00	-

Details: Bill Baker

Print X Close

Claim

Share Of Cost

Messaging

Technical

Status

UNMATCHED

Start Verification Method

GP6

Start Verification Method

GP6

System-Assigned Auth No

System-Assigned Auth No

Payer Approval Status

Payer Approval Status

End Verification Method

GP6

Manual Override Auth No

Manual Override Auth No

Recipients

Recipients

Recipients

Recipients

Recipients

Recipients

Detail: MILTON BRADLEY

Print X Close

Status

MATCHED

Start Verification Method

PC

Authorization Number

1236548524

Payer Approval Status

Payer Approval Status

End Verification Method

PC

Service ID

T1021

Recipient Name

MILTON BRADLEY

Actual Check-In Phone

Actual Check-In Phone

Diagnosis Code

1234.R54

Recipient Date Of Birth

08/22/1944

Actual Check-Out Phone

Actual Check-Out Phone

HCPSC Code/Mode

T1021

Recipient Medicaid ID

5966509710

Scheduled Start Time/Date

May 1, 2020, 6:00:01 AM

Calculated Units

Calculated Units

Recipient Member ID

Recipient Member ID

Actual Start Time/Date

May 1, 2020, 6:00:01 AM

Calculated Amount (\$)

Calculated Amount

7. Check the values in the **Calculated Units** and **Calculated Amount** fields.

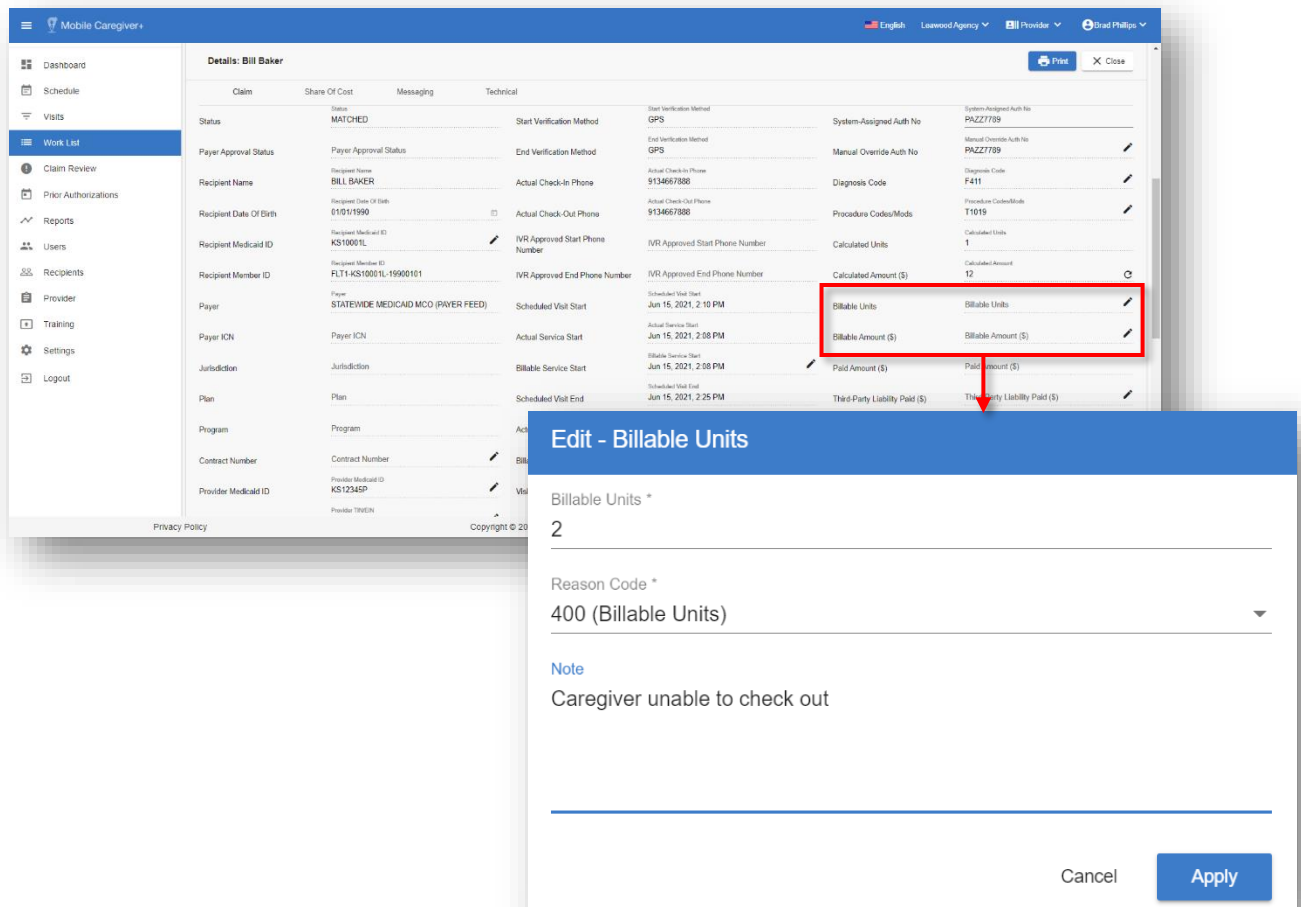
These fields are populated based on the Caregiver's entries in the Netsmart Mobile

Care+ app. Click the “reload” icon to update the fields.

If the **Calculated Units** and **Calculated Amount** fields are correct, click **Release**.

If the **Calculated Units** and **Calculated Amount** fields are incorrect, you will use the **Billable Units** and **Billable Amount** fields to correct them. Follow the remaining steps.

8. To update **Billable Units**, click the “pencil” icon to the right of the field to open the **Edit Billable Units** dialog.



The screenshot shows the 'Details: Bill Baker' screen in the Mobile Caregiver+ app. The interface includes a sidebar with navigation options like Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area displays various fields for claim details, including Status (MATCHED), Payer Approval Status, Recipient Name (BILL BAKER), Recipient Date Of Birth (1/01/1990), Recipient Medicaid ID (KS10001L), Recipient Member ID (FLT1-KS10001L-19900101), Payer (STATEWIDE MEDICAID MCO (PAYER FEED)), Payer ICN, Jurisdiction, Plan, Program, Contract Number, and Provider Medicaid ID (KS12345P). A red box highlights the 'Billable Units' and 'Billable Amount' fields, which are currently empty. An arrow points from the 'Edit Billable Units' dialog box to the 'Billable Units' field.

Edit - Billable Units

Billable Units *
2

Reason Code *
400 (Billable Units)

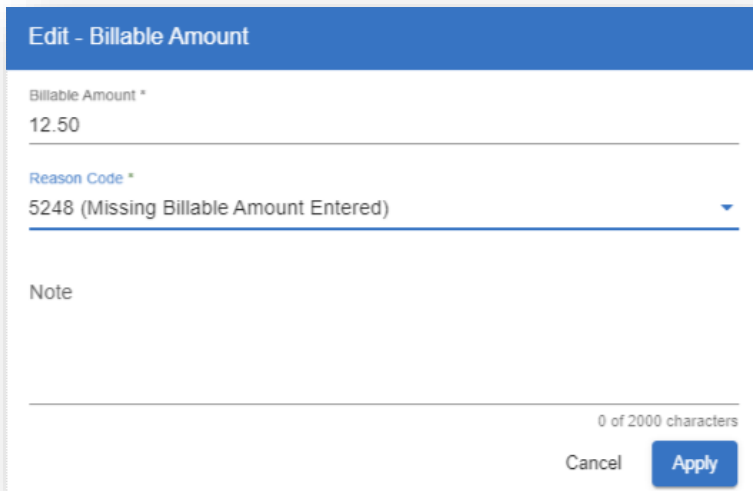
Note
Caregiver unable to check out

Cancel Apply

9. Enter the number of **Billable Units**

10. Use the **Reason Code** dropdown list to select Reason Code “400 (Billable Units).”

11. OPTIONAL: Enter a note.
12. Click **Apply**.
13. To update the **Billable Amount**, click the “pencil” icon to the right of the field to open the **Edit Billable Amount** dialog.



14. Enter the correct Billable Amount.
15. Use the **Reason Code** dropdown to select Reason Code “5248 (Missing Billable Amount Entered)”.
16. OPTIONAL: Enter a Note.
17. Click **Apply**.
18. When you return to the visit detail, click **Close**.
19. After reviewing and, if necessary, updating all visits, you are ready to release them; do one of the following:
 - Select all visits by checking the checkbox to the left of the column headings; all checkboxes for all visits will be checked. You can uncheck any visits you do not want released by clicking the checkbox for individual visits.
 - Select specific visits you want to release by checking the box to the left of each visit.

Search List													Resubmit	Export	Release	Archive
<input checked="" type="checkbox"/>	Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)		
<input checked="" type="checkbox"/>	1	WHISKEY	THOMAS	99991001	0122104743	MATCHED	S5150	F4111	6/22/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	2	JAYNE	ELIZA	99991002	0169676400	MATCHED	S5150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	3	RILEY	ROBERT	KS12345Z	2994388275	MATCHED	S5150	F4111	6/17/21, 3:02 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	4	BAKER	BILL	KS10001L	0677712596	MATCHED	T1019	F4111	6/15/21, 2:08 PM	PAZZ7789	FLT1	\$12.00	\$0.00	-		
<input checked="" type="checkbox"/>	5	RILEY	ROBERT	KS12345Z	0148347909	MATCHED	S5150	F4111	6/17/21, 12:42 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	6	JAYNE	ELIZA	99991002	0169676400	MATCHED	S9122	-	6/25/21, 10:28 AM	-	FLT1	\$0.00	\$0.00	-		

20. Click **Release**.

You can see released visits using the [Claim Review](#) option.

Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

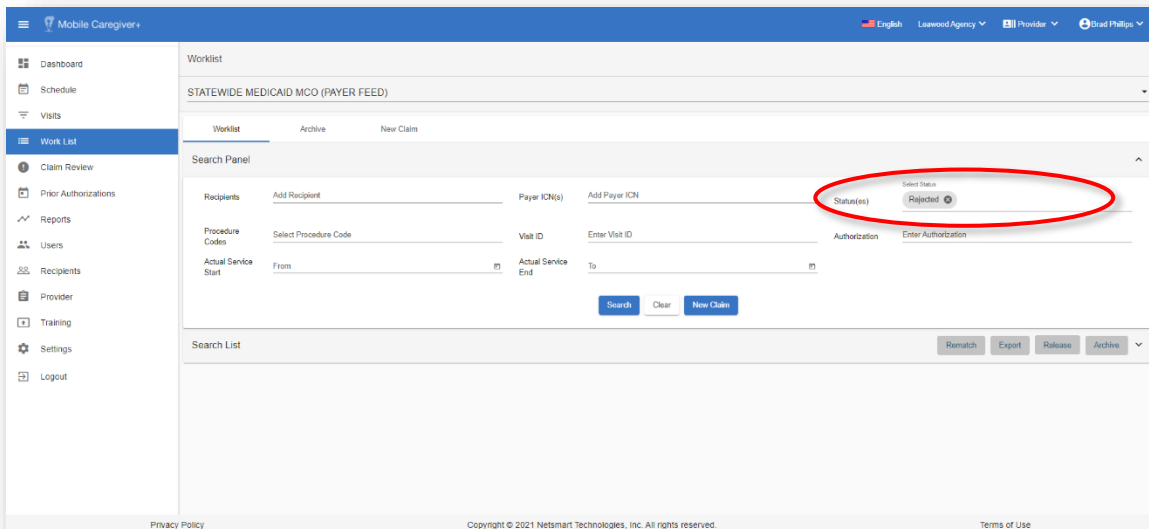
Releasing a Rejected Claim

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Releasing a Rejected Claim

“Rejected” claims are those that have been rejected by the payer. Errors on the claim must be corrected and then the claim can be released.

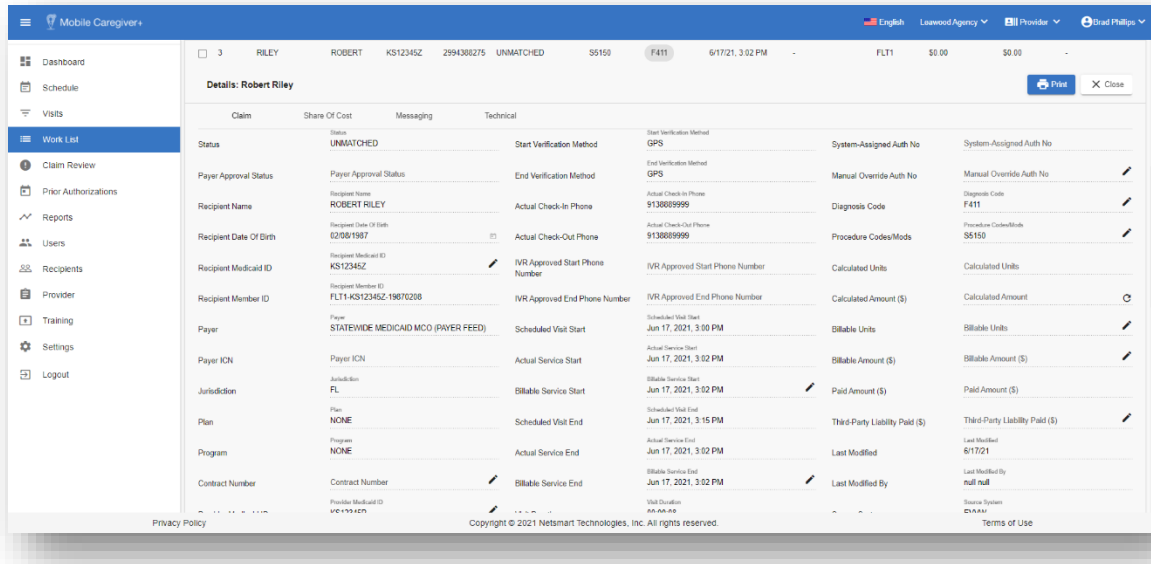
To correct and release a “Rejected” claim:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information.)
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
 1. [Search for the visits](#) you want to release; be sure to select **Rejected** in the **Statuses** field.



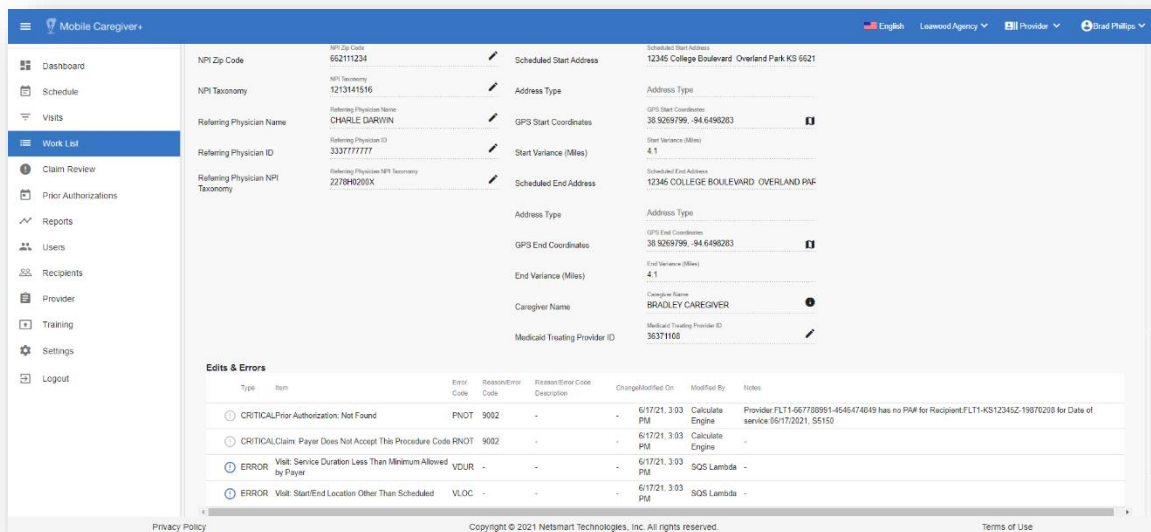
The screenshot shows the Mobile Caregiver+ interface. On the left is a sidebar menu with options: Dashboard, Schedule, Visits, Work List (selected), Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main area is titled 'Worklist' and shows 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below this is a 'Search Panel' with fields for Recipients, Add Recipient, Player ICN(s), Add Payer ICN, Status(es) (highlighted with a red circle and showing 'Rejected'), Procedure Codes, Select Procedure Code, Visit ID, Enter Visit ID, Authorization, and Enter Authorization. There are also fields for Actual Service Start and End. At the bottom of the search panel are buttons for Search, Clear, and New Claim. Below the search panel is a 'Search List' area with buttons for Refresh, Export, Release, and Archive.

2. When the list displays, click a line to see its detail.



3. Scroll to the bottom of the detail to see the error that caused the visit to be rejected.

Note: If you do not understand the error, contact Netsmart Customer Support by emailing evvsupport@ntst.com or calling (833) 483-5587.



Type	Item	Error Code	Reason/Description	Reason/Code	Changed/Modified On	Modified By	Notes
CRITICAL	Prior Authorization: Not Found	PNOT	9002	-	6/17/21, 3:03 PM	Calculate Engine	Provider FLT1-66778991-4546474049 has no PAM for Recipient FLT1-KS12345Z-19870208 for Date of service 06/17/2021, 05150
CRITICAL	Claim: Payer Does Not Accept This Procedure Code RNOT	RNOT	9002	-	6/17/21, 3:03 PM	Calculate Engine	-
ERROR	Visit: Service Duration Less Than Minimum Allowed by Payer	VOUR	-	-	6/17/21, 3:03 PM	SQS Lambda	-
ERROR	Visit: Start/End Location Other Than Scheduled	VLOC	-	-	6/17/21, 3:03 PM	SQS Lambda	-

4. Make corrections as follows:

- Click the “pencil” icon to the right of the field that needs to be corrected.

Edit - Medicaid ID

Medicaid ID *
KS12345Z

Reason Code *
9046 (Member Medicaid ID Corrected)

Note

0 of 2000 characters

Cancel Apply

- Make entries as needed; you may need to enter a Reason Code and you may have the option to enter a Note.
- When you are finished editing the error, click **Apply**.

Search List													Rematch	Export	Release	Archive
<input checked="" type="checkbox"/>	Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mode	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)		
<input checked="" type="checkbox"/>	1	WHISKEY	THOMAS	99991001	0122104743	MATCHED	S5150	F411	6/22/21, 2:10 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	2	JAYNE	ELIZA	99991002	0169676400	MATCHED	S5150	-	6/25/21, 10:27 AM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	3	RILEY	ROBERT	KS12345Z	2994388275	MATCHED	S5150	F411	6/17/21, 3:02 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	4	BAKER	BILL	KS10001L	0677712598	MATCHED	T1019	F411	6/15/21, 2:08 PM	PAZZ7789	FLT1	\$12.00	\$0.00	-		
<input checked="" type="checkbox"/>	5	RILEY	ROBERT	KS12345Z	0148347909	MATCHED	S5150	F411	6/17/21, 12:42 PM	-	FLT1	\$0.00	\$0.00	-		
<input checked="" type="checkbox"/>	6	JAYNE	ELIZA	99991002	0169676400	MATCHED	S9122	-	6/25/21, 10:28 AM	-	FLT1	\$0.00	\$0.00	-		

- When you return to the list of visits, check the box to the left of the visits to be released.
- Click **Release**.

Note: Any corrections will change the status of the rejected visit to NEW. You may refresh by checking the box to the left of the visit and click Rematch.

You can see released visits using the [Claim Review](#) option.

Related topics:

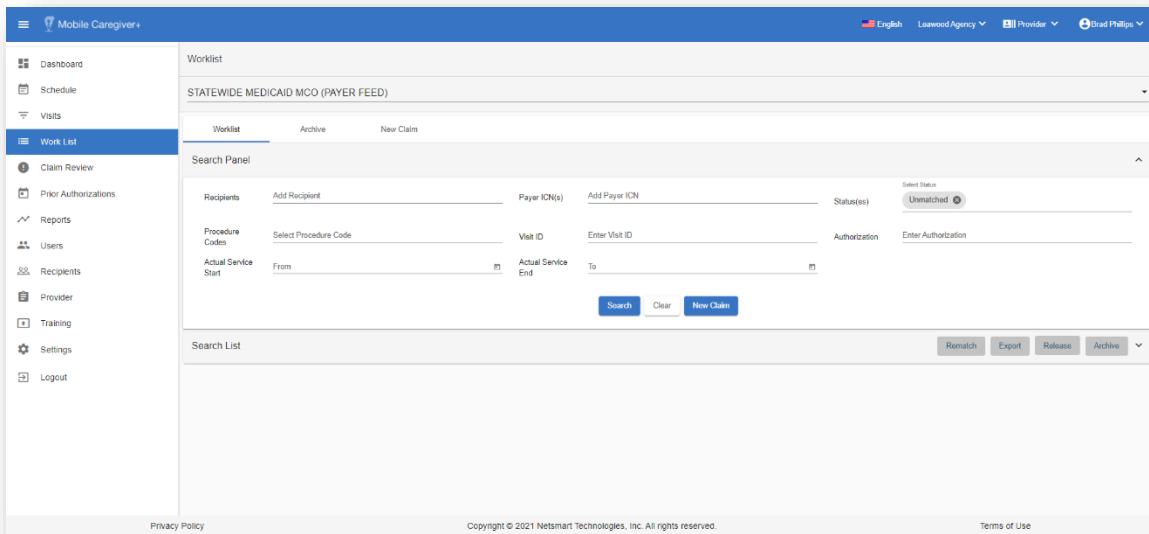
- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

Remediating Visits for Submission to Payer

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Remediating Unmatched Visits

Any “Unmatched” visits must be corrected and changed to a “Matched” status before they can be released for submission to a Payer. To correct an “Unmatched” visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the visits](#) you want to remediate; be sure to select **Unmatched** in the **Statuses** field to narrow your search.

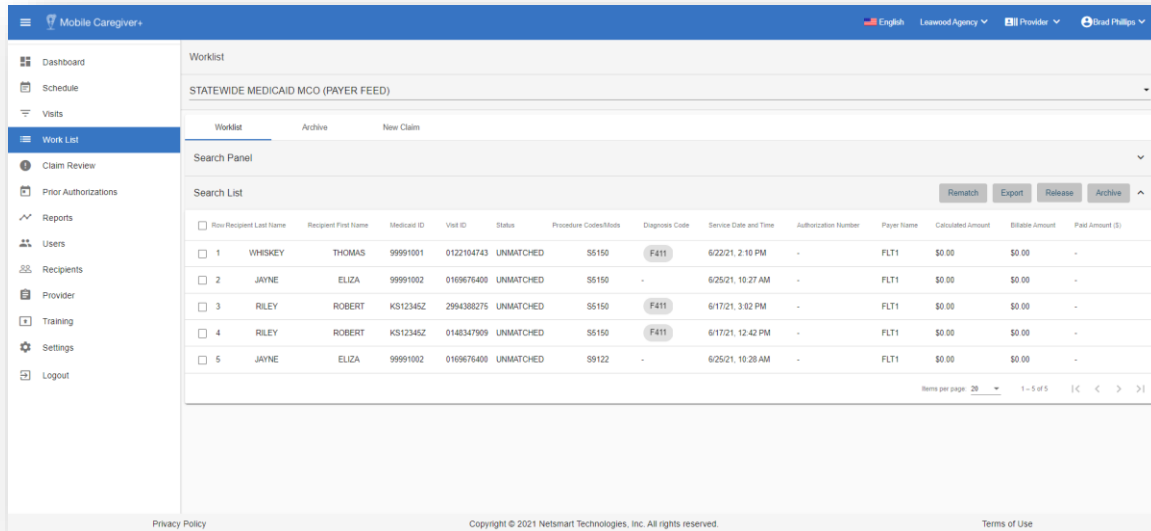


The screenshot displays the Mobile Caregiver+ interface. On the left is a sidebar menu with options: Dashboard, Schedule, Visits, Work List (selected), Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Worklist' and shows 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below this are tabs for 'Worklist', 'Archive', and 'New Claim'. A 'Search Panel' is visible with the following fields:

- Recipients:** Add Recipient
- Payer ICN(s):** Add Payer ICN
- Status(es):** Unmatched (selected)
- Procedure Codes:** Select Procedure Code
- Visit ID:** Enter Visit ID
- Authorization:** Enter Authorization
- Actual Service Start:** From
- Actual Service End:** To

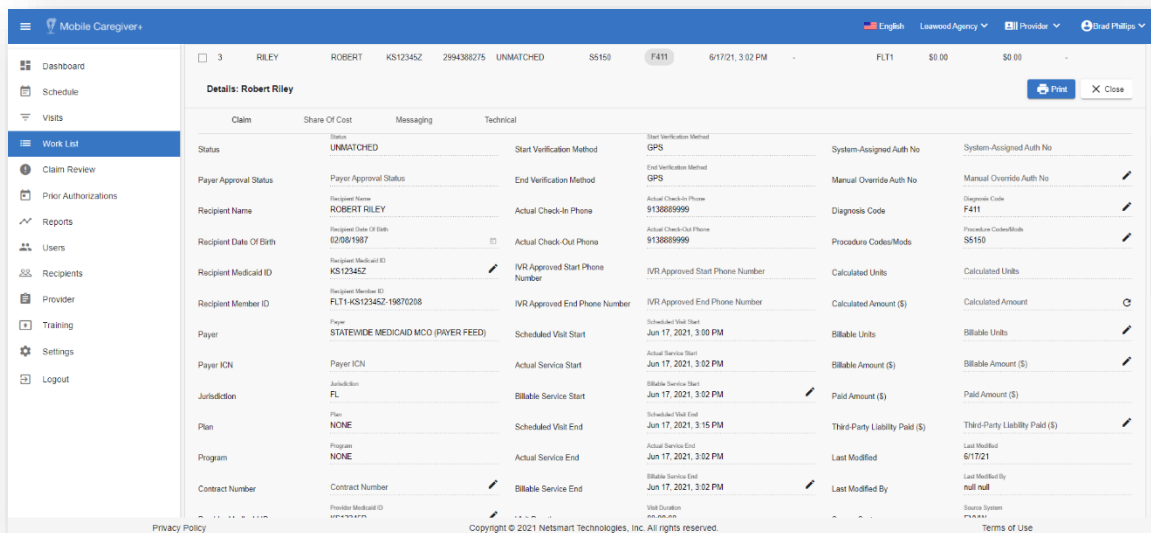
Buttons for 'Search', 'Clear', and 'New Claim' are at the bottom of the search panel. Below the search panel is a 'Search List' table, which is currently empty. At the bottom right of the search list are buttons for 'Rematch', 'Export', 'Release', and 'Archive'. The footer contains 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

- When you click **Search**, the list of visits that meet your criteria will be listed on the screen.





The screenshot shows the 'Worklist' section of the Mobile Caregiver+ interface. The top navigation bar includes 'English', 'Leewood Agency', 'Provider', and 'Grand Phillips'. The left sidebar contains a menu with options like Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Worklist' and shows a search panel for 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below the search panel is a table with columns: Row, Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Codes/Mod, Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Billable Amount, and Paid Amount (\$). The table lists five visits, all with a status of 'UNMATCHED'. The first visit is for 'WHISKEY THOMAS' with a diagnosis code of 'F411'. The second visit is for 'JAYNE ELIZA' with a diagnosis code of 'F411'. The third visit is for 'RILEY ROBERT' with a diagnosis code of 'F411'. The fourth visit is for 'RILEY ROBERT' with a diagnosis code of 'F411'. The fifth visit is for 'JAYNE ELIZA' with a diagnosis code of 'F411'. At the bottom of the table, there is a pagination control showing 'Items per page: 20' and '1 - 5 of 5'.

- Click an “Unmatched” visit to see its detail.



The screenshot shows the 'Details: Robert Riley' page in the Mobile Caregiver+ interface. The top navigation bar is the same as the previous screenshot. The left sidebar is also the same. The main content area is titled 'Details: Robert Riley' and shows a table with columns: Claim, Share Of Cost, Messaging, Technical, and System Assigned Auth No. The table lists various details for the visit, including Status (UNMATCHED), Payer Approval Status, Recipient Name (ROBERT RILEY), Recipient Date Of Birth (02/08/1987), Recipient Medicaid ID (KS12345Z), Recipient Member ID (FLT1-KS12345Z-18670208), Payer (STATEWIDE MEDICAID MCO (PAYER FEED)), Payer ION, Jurisdiction (FL), Plan (NONE), Program (NONE), Contract Number, and Visit Duration. The table also includes fields for Start Verification Method (GPS), End Verification Method (GPS), Actual Check-In Phone (9138889999), Actual Check-Out Phone (9138889999), IVR Approved Start Phone Number, IVR Approved End Phone Number, Scheduled Visit Start (Jun 17, 2021, 3:00 PM), Scheduled Visit End (Jun 17, 2021, 3:15 PM), Actual Service Start (Jun 17, 2021, 3:02 PM), Actual Service End (Jun 17, 2021, 3:02 PM), and Visit Duration (00:00:00). The table also includes fields for System Assigned Auth No, Manual Override Auth No, Diagnosis Code (F411), Procedure Codes/Mod (S5150), Calculated Units, Calculated Amount (\$), Billable Units, Billable Amount (\$), Paid Amount (\$), Third-Party Liability Paid (\$), Last Modified (6/17/21), Last Modified By (null), and Source System (PAYER).

7. Scroll to the bottom to see **Edits & Errors**; there you will find the corrections that need to be made.

Edits & Errors								
Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	Change	Modified On	Modified By	Notes
	ERROR	Visit: Service Duration Less Than Minimum Allowed by Payer	VDUR	-	-	6/17/21, 3:03 PM	SQS Lambda	-
	ERROR	Visit: Start/End Location Other Than Scheduled	VLOC	-	-	6/17/21, 3:03 PM	SQS Lambda	-

8. Make corrections as follows:

- First, select a reason code for the error: Click the “blue exclamation point” icon to the left of the error to open the Edit Error window.

Make a selection from the from the **Reason Code** dropdown list.

If an “*” appears after **Note**, an entry is required.

When you are finished editing the error, click **Apply**.

Edit Error

ERROR

VISIT: SERVICE DURATION LESS THAN MINIMUM ALLOWED BY PAYER

Reason Code *

9126 (General: Disaster or Emergency. Verified Services Performed.)

Note *

0 of 2000 characters

Cancel

Apply

- Second, make the correction in the appropriate field.

Scroll up to the field that needs to be corrected and click the “pencil” icon to open a dialog box where you can make the correct entry.

Click **Apply** to save your changes.

When you finish and all entries are correct, the visit status will be updated to **Matched**.

Note: Missing or incorrect information associated with the Prior Authorization cannot be updated and the status for the visit will remain “Unmatched,” even if you have made corrections. Netsmart uploads batches of information from Payers routinely (often once a day). When a batch containing the correct Prior Authorization information is uploaded, the visit status will automatically be updated to “Matched” and you can [release the visit](#).

9. Click **Release**.

You can see released visits using the [Claim Review](#) option.

Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

Archiving Visits

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Archiving Visits

If you have “Unmatched” visits that you want to set aside and remove from the Work List, you can do that by archiving. For example: you know a Payer will not have the Prior Authorizations that you need to match a group of visits available for some time. In this case, you might want to remove those “Unmatched” visits from the Work List temporarily. You can return the visits to the Work List later, when Prior Authorizations are available.

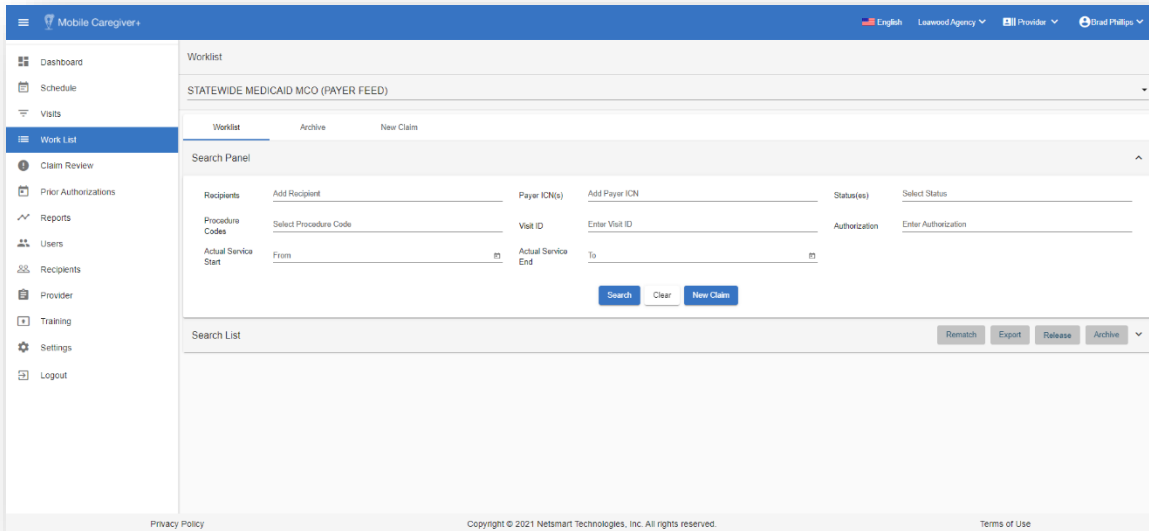
You may also want to archive non-payable visits; non-payable visits cannot be deleted from the Work List.

Note: Archived visits are not included in reports.

Important: If you move a payable “Unmatched” visit to Archive, you must remember that the visit is housed there. Mobile Caregiver+ will NOT remind you of the Timely Filing deadline for submitting a visit for payment per the contract with the Payer. Visits that are not submitted by the Timely Filing deadline will be denied and cannot be resubmitted.

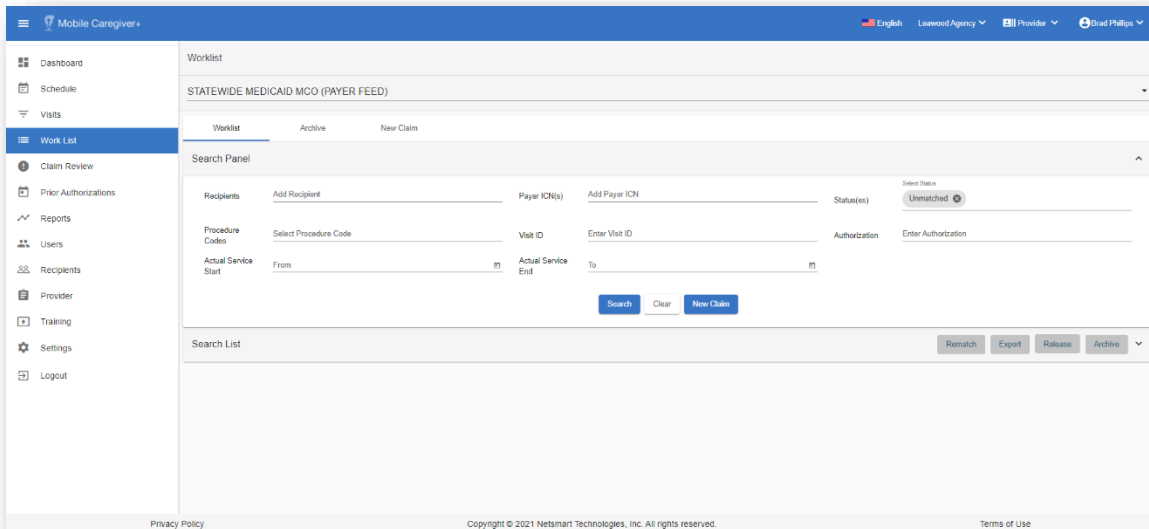
To archive visits:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

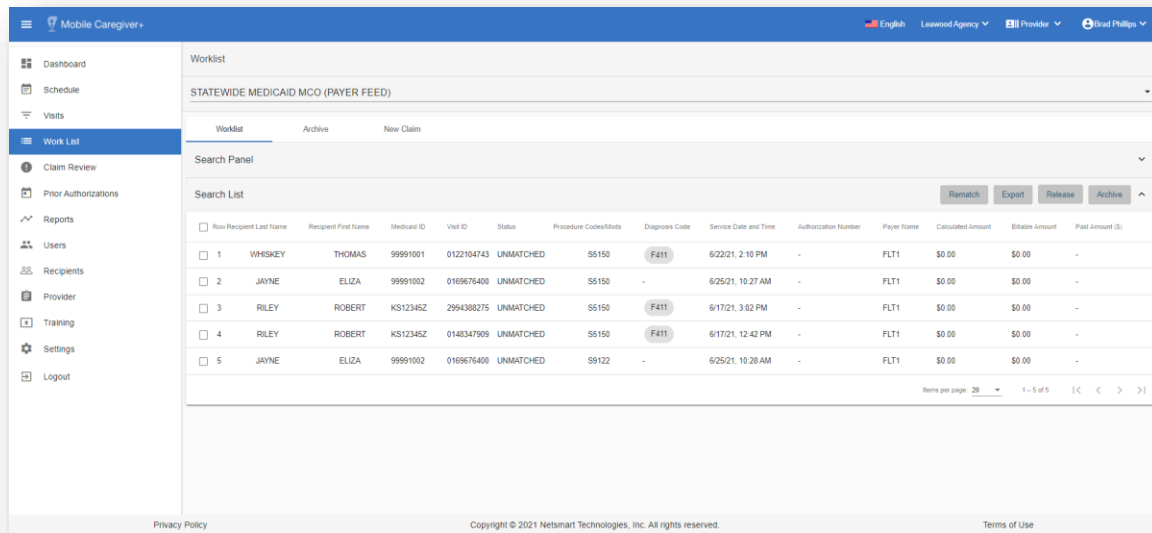


4. [Search for the visits](#) you want to archive.

*Hint: You should only archive “Unmatched” visits; select **Unmatched** in the **Statuses** field to narrow your search.*

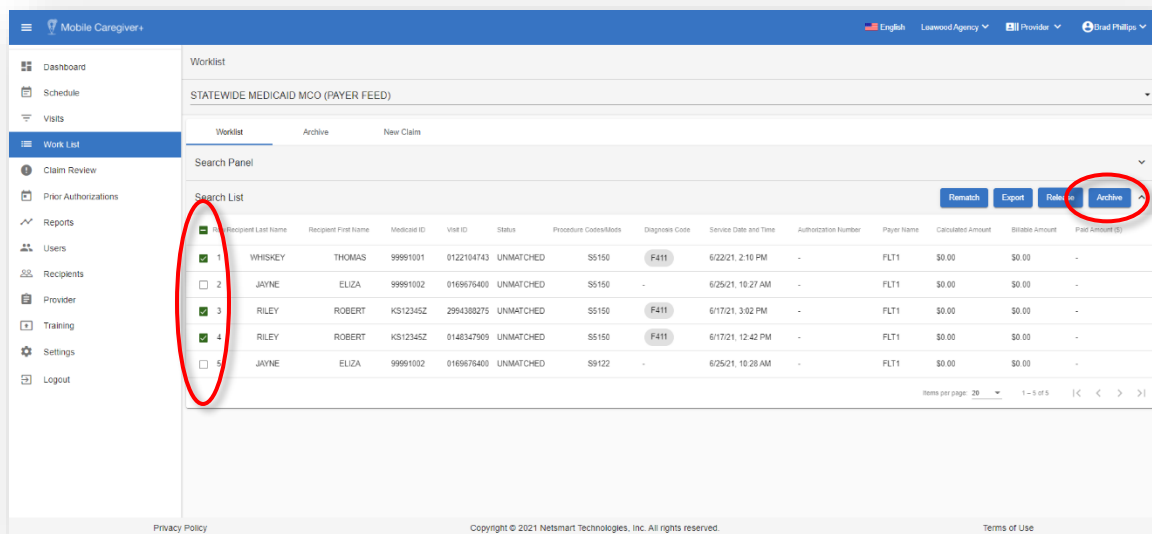


5. When you click **Search**, the visits that match your criteria are listed on the screen.



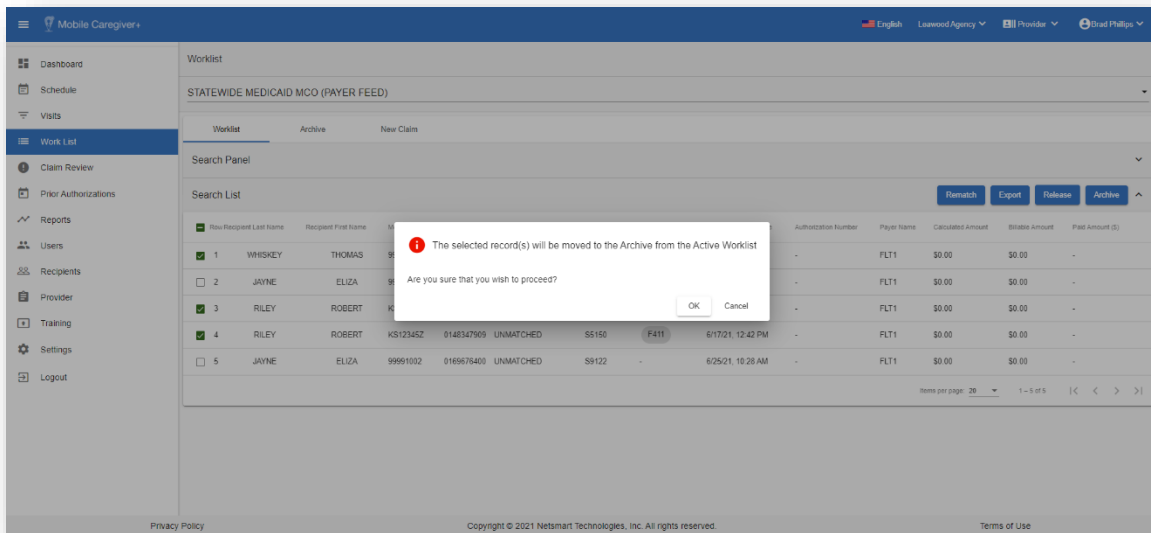
6. Select the visits you want to archive:

- Click the checkbox to the left of the column headers to select all visits.
- Click the check box to the left of the individual visits you want to archive.

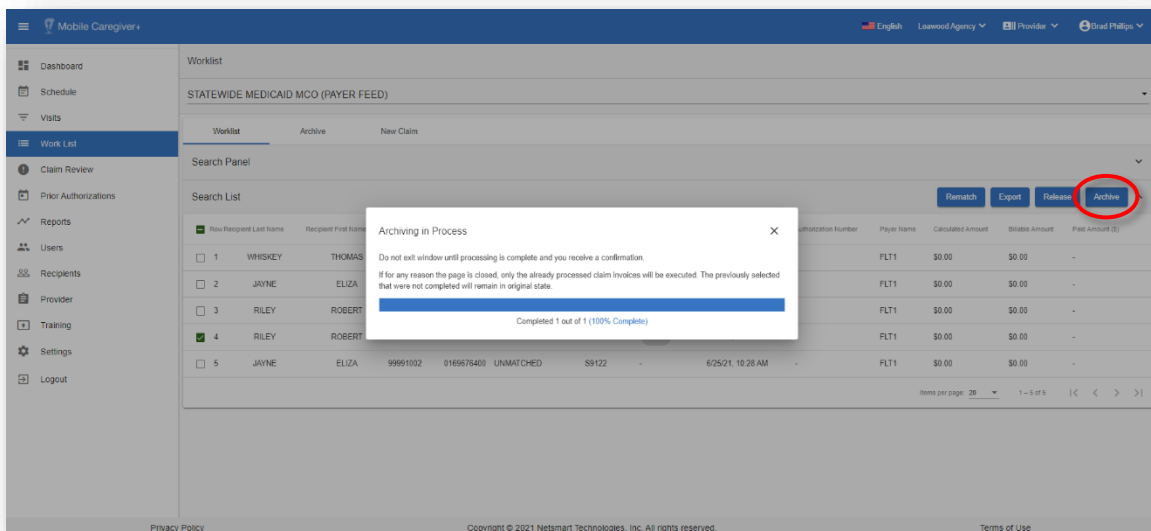


7. Click **Archive**.

8. When the message window confirming the archive opens, click **OK** to archive, or **Cancel** if you do not want to archive at this time.



9. Click the Archive tab to view archived visits; use the [Search](#) fields at the top of the page to find them.



Related topics:

- [Searching for a Visit](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Reviewing Completed Visits](#)

- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

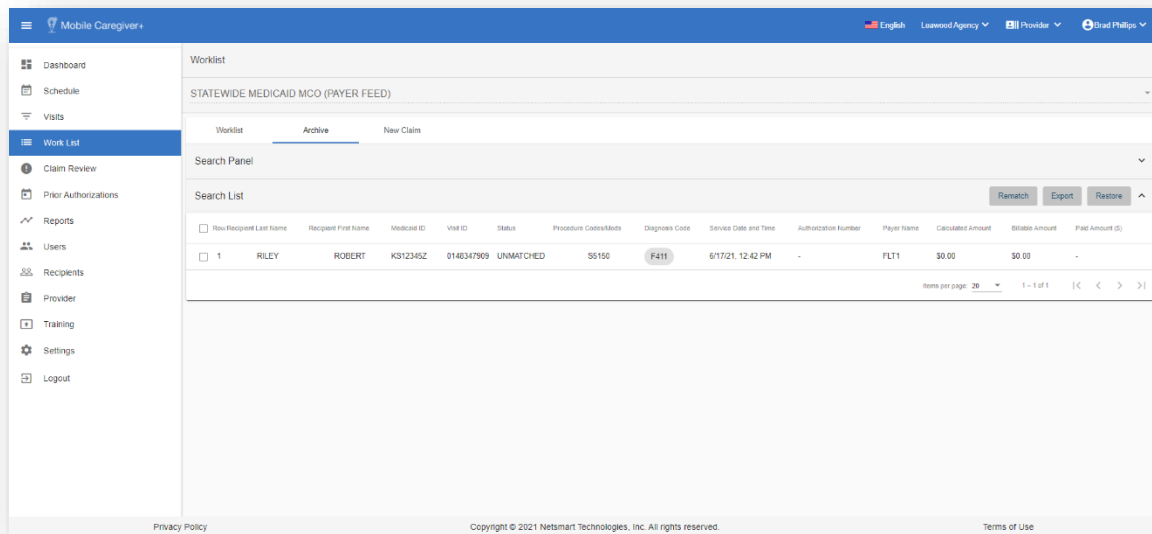
Searching for Archived Visits

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > [Archiving Visits](#) > Searching for Archived Visits

When you [archive visits](#) they are moved to the Archive tab of the Work List. To find an archived visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

*Note: Making a **Payer** selection enables the Archive and New Claim tabs.*



4. Click the **Archive** tab at the top of the page.
5. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient(s)
 - Services(s)
 - **Statuses:** New, Matched or Unmatched
 - **Service ID(s)**

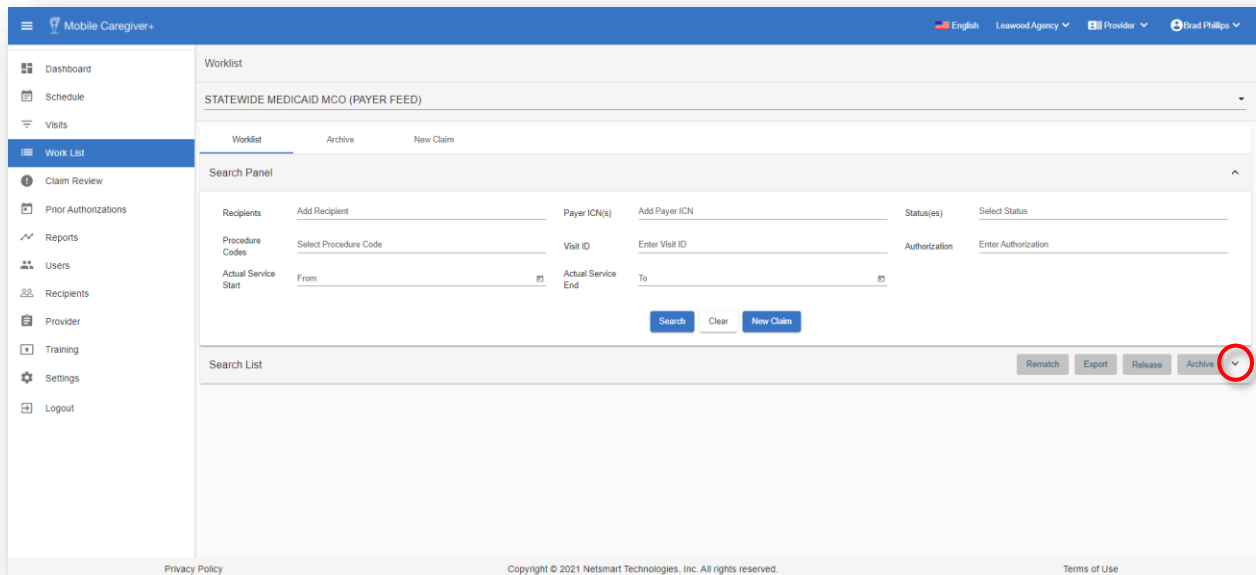
Note: You cannot use the Payer ICN (s) (internal control number) to search for

visits. ICN is a claim number that is assigned after the visit is submitted to the Payer.

6. If you want to search for claims by date, click the calendar icon in the **Actual Service Dates From** or **To** fields.

7. Click **Search**.

A list of archived visits will display below the search fields. Click the drop-down list arrow^ to collapse the search fields to see the list; Click v to expand the search fields.



The screenshot displays the Mobile Caregiver+ web application interface. On the left is a navigation menu with options: Dashboard, Schedule, Visits, Work List (selected), Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Worklist' and shows 'STATEWIDE MEDICAID MCO (PAYER FEED)'. Below this are tabs for 'Worklist', 'Archive', and 'New Claim'. The 'Search Panel' is expanded, showing search criteria for Recipients, Payer ICN(s), Add Recipient, Add Payer ICN, Status(es), Select Status, Procedure Codes, Select Procedure Code, Visit ID, Enter Visit ID, Authorization, Enter Authorization, Actual Service Start, From, Actual Service End, To, and buttons for Search, Clear, and New Claim. Below the search panel is the 'Search List' area, which is currently empty. At the bottom right of the search list area, there are buttons for Rematch, Export, Release, and Archive, with a red circle highlighting the Archive button's dropdown arrow.

Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

Returning Archived Visits to the Work List

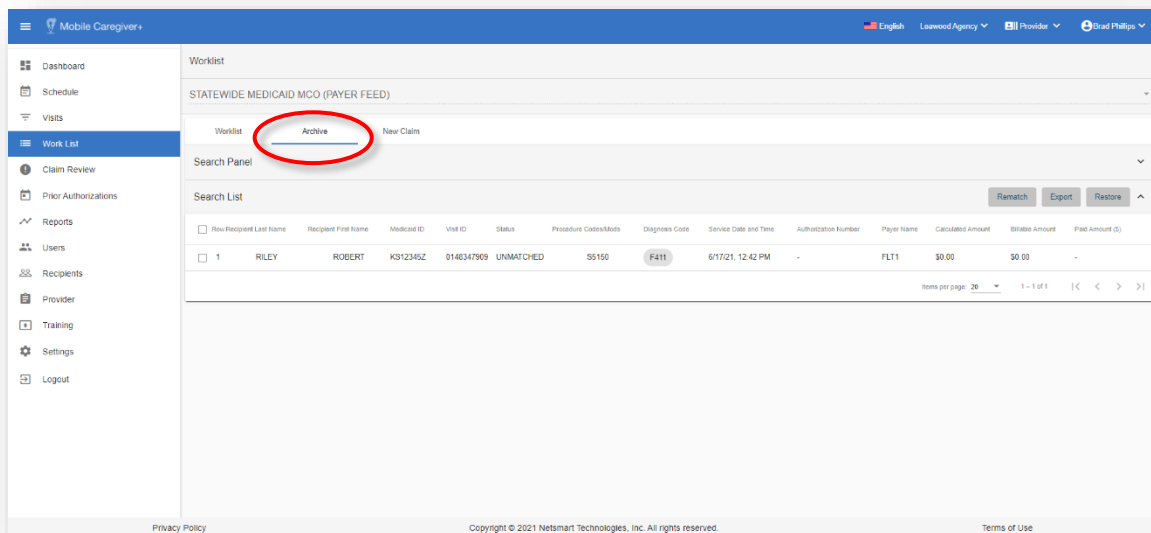
You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > [Archiving Visits](#) > Returning Archived Visits to the Work List

If you [archived visits](#) to remove them from the Work List temporarily, you can retrieve them from the Archive tab and return them to the Work List:

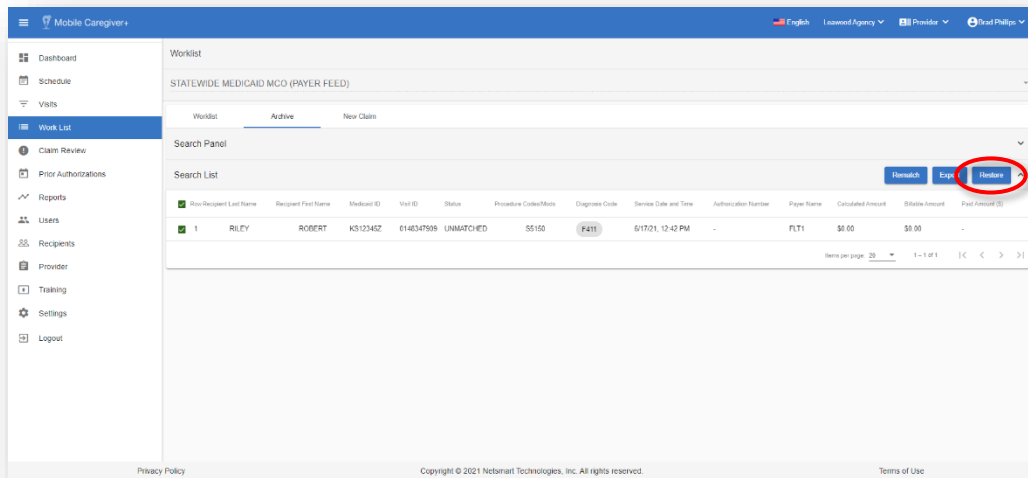
1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

*Note: Making a **Payer** selection enables the Archive and New Claim tabs.*

4. At the top of the page, select the **Archive** tab at the top of the screen.



5. [Search for visits](#) you want to return to the Work List and select them by doing one of the following:
 - Click the checkbox to the left of the column headers to select all visits.
 - Click the individual visits you want to return.



6. Click **Restore**.
7. Click the **Work List** tab.

You will see the visits you returned from the Archive. If the information for matching is available – for example, if missing Prior Authorization information is now available in the system– and all information is correct, the status will be updated to “Matched” and you can [release the visits](#).

Note: Remember that you should view and update Billable Units for “Matched” visits before releasing them. See [Remediating Visits for Submission to Payer](#).

If visits are still “Unmatched” you will need to [remediate](#) them before releasing.

Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

Creating a New Visit

You are here: [Mobile Caregiver+ Claims](#) > [Using the Work List](#) > Creating a New Visit

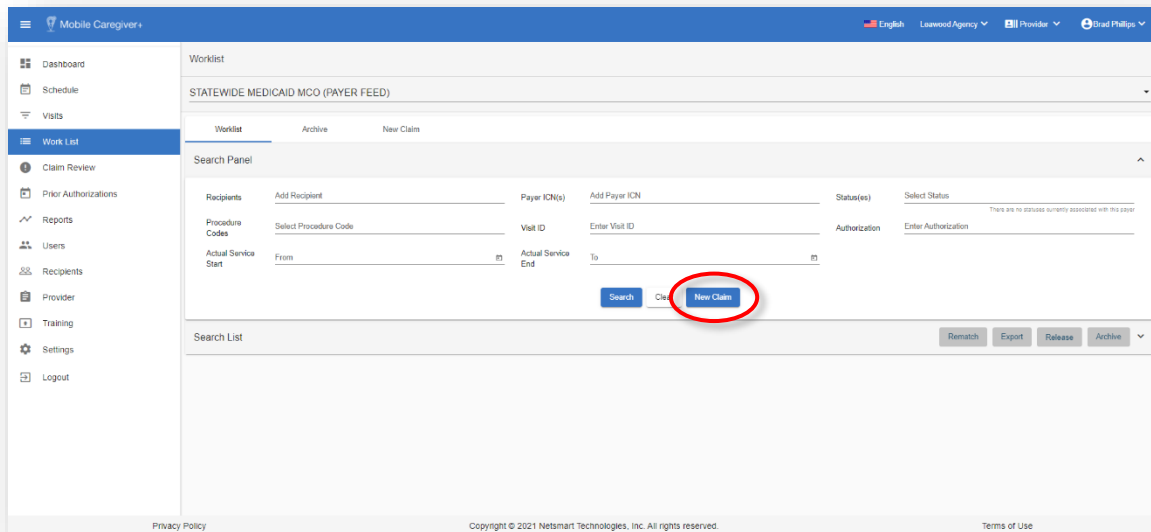
Note: You can create a new visit for a denied claim and resubmit it only if the claim had an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You can also create a new visit for a visit you completed, but that was not scheduled in Netsmart.

You cannot create a new visit to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

If a claim is denied and is eligible to be resubmitted, you will need to create a new visit through the Work List:

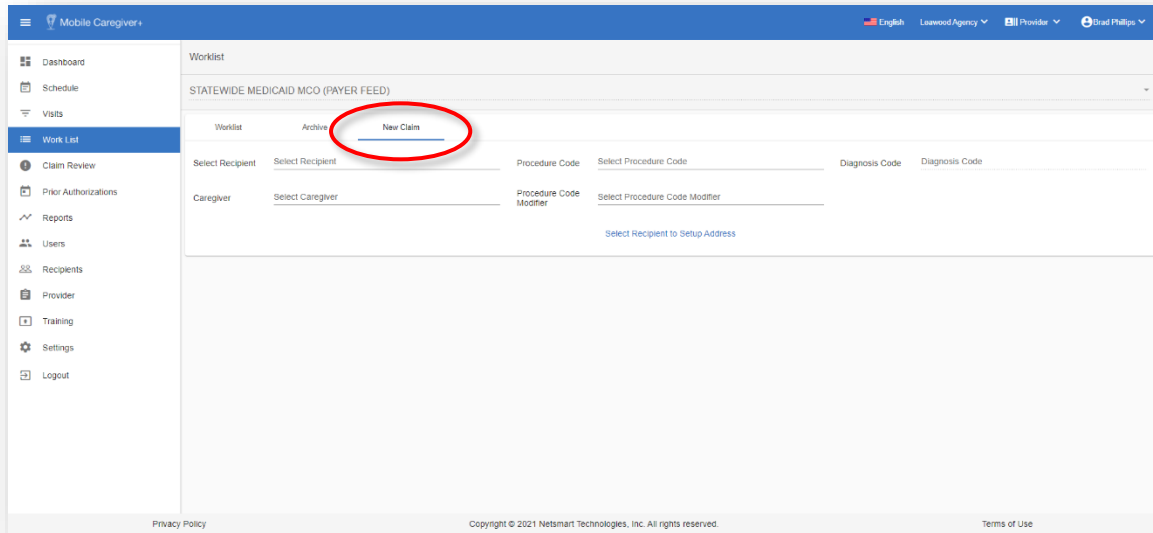
1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list.

Note: Users must select a Payer.



The screenshot shows the 'Worklist' page in the Mobile Caregiver+ application. The 'New Claim' tab is active. The 'Search Panel' is visible, containing various search criteria fields. A red circle highlights the 'New Claim' button located at the bottom right of the search panel.

4. Click the **New Claim** tab at the top of the page.



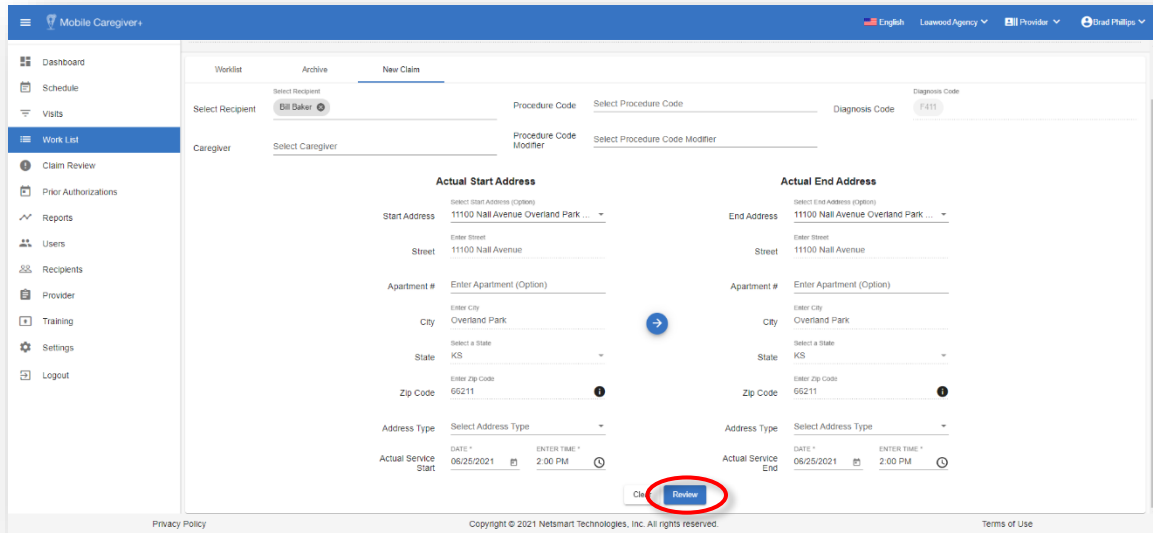
5. **Recipient, Service, and Caregiver** are required fields.

Click each field to see a list of acceptable entries and make a selection.

6. Complete the **Actual Start Address** fields.

If the **Actual Start Address** and **Actual End Address** are the same, click the blue arrow to copy the **Actual Start Address**.

Note: Address Type is optional.



Mobile Caregiver+

English | Leeward Agency | Provider | Brad Phillips

Worklist | Archive | **New Claim**

Select Recipient: **Bill Baker**

Procedure Code: | Select Procedure Code: | Diagnosis Code: **F411**

Caregiver: | Select Caregiver: | Procedure Code Modifier: | Select Procedure Code Modifier:

Actual Start Address

Select Start Address (Optional): **11100 Nall Avenue Overland Park ...**

Start Address: **11100 Nall Avenue Overland Park ...**

Enter Street: **11100 Nall Avenue**

Street: **11100 Nall Avenue**

Apartment #: **Enter Apartment (Option)**

Enter City: **Overland Park**

City: **Overland Park**

Select a State: **KS**

State: **KS**

Enter Zip Code: **66211**

Zip Code: **66211**

Select Address Type: | Address Type: |

Actual Service Start: **DATE: 06/25/2021 ENTER TIME: 2:00 PM**

Actual End Address

Select End Address (Optional): **11100 Nall Avenue Overland Park ...**

End Address: **11100 Nall Avenue Overland Park ...**

Enter Street: **11100 Nall Avenue**

Street: **11100 Nall Avenue**

Apartment #: **Enter Apartment (Option)**

Enter City: **Overland Park**

City: **Overland Park**

Select a State: **KS**

State: **KS**

Enter Zip Code: **66211**

Zip Code: **66211**

Select Address Type: | Address Type: |

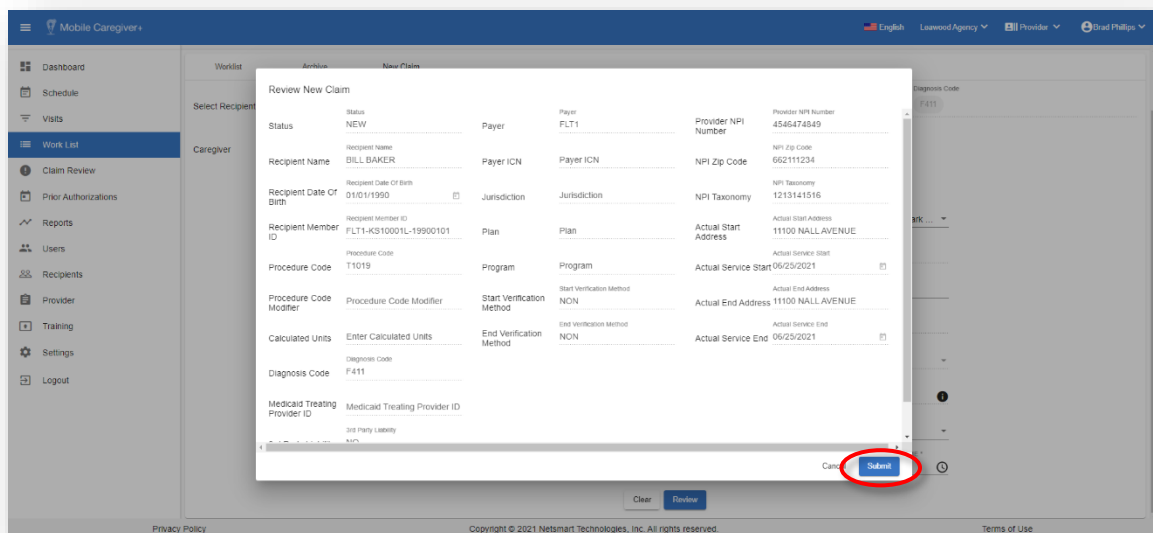
Actual Service End: **DATE: 06/25/2021 ENTER TIME: 2:00 PM**

Review

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7. Click the calendar icon to the right of the **Actual Start Date** field to select the date service begins.
8. Click the clock icon to the right of the **Actual Start Time** field to select the date service begins.
9. Click **Review**.

The **Review New Claim** page opens.



Mobile Caregiver+

English | Leeward Agency | Provider | Brad Phillips

Worklist | Archive | **New Claim**

Select Recipient: **Bill Baker**

Caregiver: | Select Caregiver: | Procedure Code Modifier: | Select Procedure Code Modifier:

Review New Claim

Status: NEW	Payer: FLT1	Provider NPI Number: 4546474549
Recipient Name: BILL BAKER	Payer ICN: Payer ICN:	NPI Zip Code: 66211234
Recipient Date Of Birth: 01/01/1990	Jurisdiction: Jurisdiction:	NPI Taxonomy: 1213141516
Recipient Member ID: FLT1-K310001L-19900101	Plan: Plan:	Actual Start Address: 11100 NALL AVENUE
Procedure Code: T1019	Program: Program:	Actual Service Start: 06/25/2021
Procedure Code Modifier: Procedure Code Modifier:	Start Verification Method: NON	Actual End Address: 11100 NALL AVENUE
Calculated Units: Enter Calculated Units	End Verification Method: NON	Actual Service End: 06/25/2021
Diagnosis Code: F411	Medicaid Treating Provider ID: Medicaid Treating Provider ID:	

Submit

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10. If you need to make changes, click **Cancel** to return to the New Claim page; otherwise, click **Submit**.

The visit will appear on the Work List page. If all information is correct, the status will first be “New;” then, after the Netsmart pre-adjudication process runs, the visit status will change to “Matched” or “Unmatched.” If “Matched” you can [release the visit for submission to the Payer](#).

Note: Remember that you should view and update Billable Units for “Matched” visits before releasing them. See [Remediating Visits for Submission to Payer](#).

If the visit is missing information or if information is incorrect, the status will be first be “New” and then “Unmatched” and the visit will need to be [remediated](#) before it is released.

Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Searching for Archived 1](#)

Reviewing Claims

You are here: [Mobile Caregiver+ Claims](#) > Reviewing Claims

Click a topic below:

[Searching for Claims](#)

[Reviewing Submitted Claims](#)

[Adjusting Unpaid/Partially Paid Claims](#)

[Voiding a Paid Claim](#)

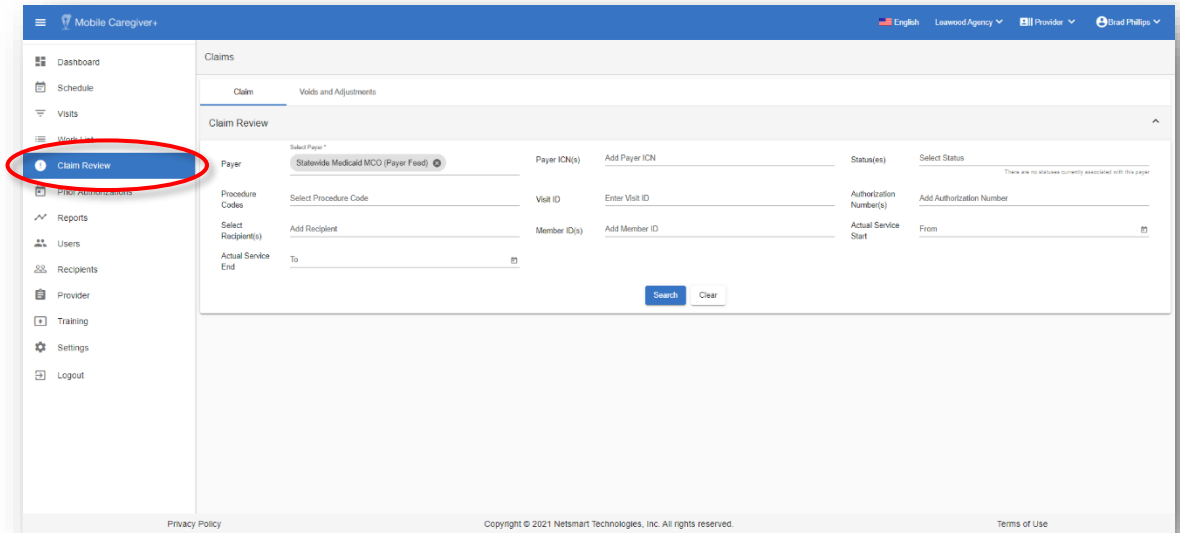
[Resubmitting a Claim: Creating a Manual Visit for a Denied Claim](#)

Searching for Claims

You are here: [Mobile Caregiver+ Claims](#) > [Reviewing Claims](#) > Searching for Claims

When a visit is “Matched” and released for payment, it will appear in Claim Review. To find a claim:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Claim Review** option to see the Claim Review page.

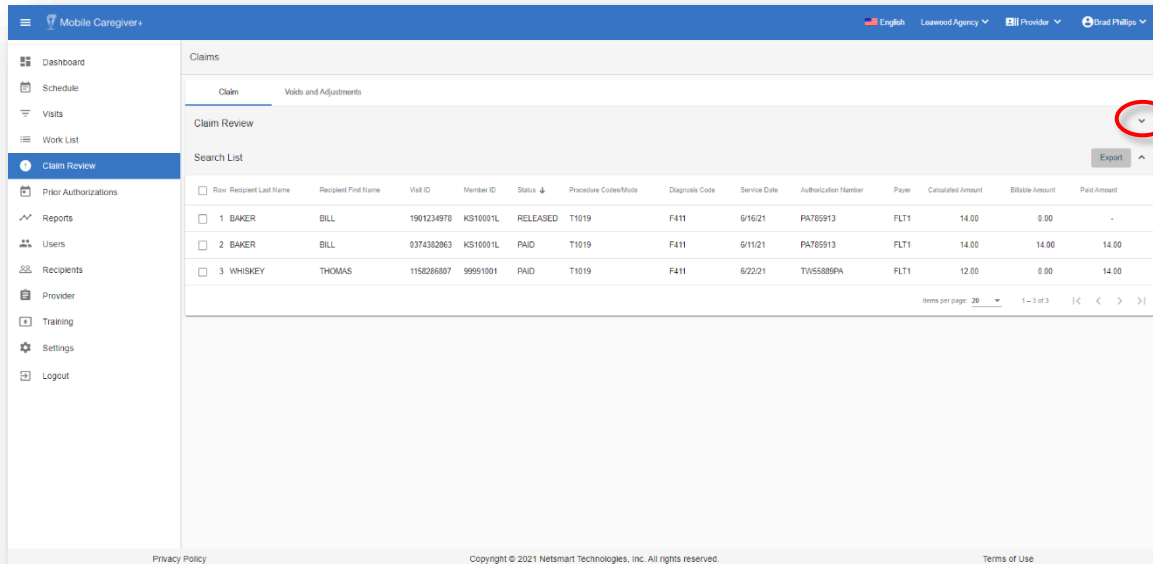


The screenshot shows the 'Mobile Caregiver+' interface. On the left is a 'Main Menu' with options: Dashboard, Schedule, Visits, **Claim Review** (highlighted with a red circle), Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main area is titled 'Claims' and has tabs for 'Claim' and 'Visits and Adjustments'. The 'Claim' tab is active, showing a 'Claim Review' section with various search filters. The filters include: Payer (with a dropdown menu showing 'Statewide Medicaid MCO (Payer Feed)'), Payer ICN(s), Status(es), Select Status, Procedure Codes, Visit ID, Enter Visit ID, Authorization Number(s), Add Authorization Number, Select Recipient(s), Add Recipient, Member ID(s), Add Member ID, Actual Service Start, and End. A 'Search' button is located at the bottom right of the filter section. The footer contains 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient(s)
 - HCPCS Code/Mod(s)
 - Status(es)
 - Payer ICN (s)
 - Service ID(s)
 - Member ID(s)
 - Prior Authorization Number(s)
5. If you want to search for claims by date of service, click the calendar icon in the **Service Date** or **End Date** fields.

6. Click **Search**.

A list of claims will display below the search fields. Click ^ to collapse the search fields to see the list; click v to expand the search fields



Claims

Claim Voids and Adjustments

Claim Review

Search List

Row	Recipient Last Name	Recipient First Name	Visit ID	Member ID	Status	Procedure Codes/Mod	Diagnosis Code	Service Date	Authorization Number	Payer	Calculated Amount	Billable Amount	Paid Amount
1	BAKER	BILL	1901234976	KS10001L	RELEASED	T1019	F411	6/16/21	PA705913	FLT1	14.00	0.00	-
2	BAKER	BILL	0374302863	KS10001L	PAID	T1019	F411	6/11/21	PA705913	FLT1	14.00	14.00	14.00
3	WHISKEY	THOMAS	1158268807	99991001	PAID	T1019	F411	6/22/21	TV555889PA	FLT1	12.00	0.00	14.00

Items per page: 20 1 - 3 of 3

Related Topics

- [Reviewing Submitted Claims](#)
- [Resubmitting a Claim: Creating a Manual Visit for a Denied Claim](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Voiding a Paid Claim](#)

Reviewing Submitted Claims

You are here: [Mobile Caregiver+ Claims](#) > [Reviewing Claims](#) > Reviewing Submitted Claims

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Payer** and make a selection from the drop-down list; this selection is required.
3. From here you can:
 - [Search for claims](#)
 - [Adjust unpaid/partially paid claims](#)
 - [Resubmit a claim by creating a manual visit for a denied claim](#)

Adjusting Unpaid/Partially Paid Claims

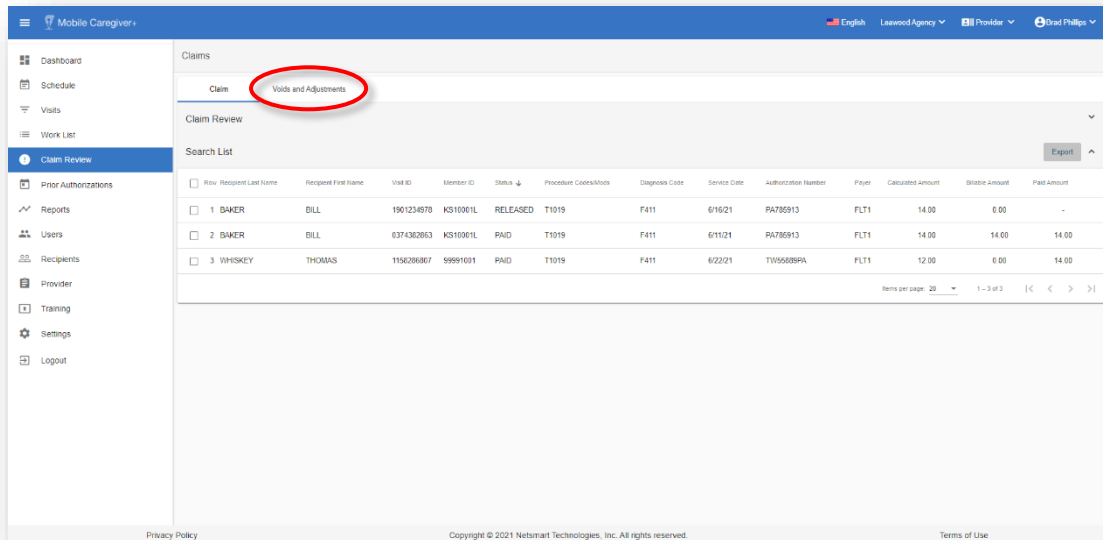
You are here: [Mobile Caregiver+ Claims](#) > [Reviewing Claims](#) > Adjusting Unpaid/Partially Paid Claims

Note: When you update a Paid or Partially Paid claim, it keeps its original ICN number.

*Note: In the Netsmart system, Medicaid, as well as some other Payers, assign the same ICN to all claims in a batch when the batch is submitted. You may have several claims with the same ICN; if any claim in a batch needs to be adjusted resubmitted, **all claims** with the same ICN must be resubmitted, including those that do not need adjusting.*

To adjust a “Paid” or “Partially Paid” claim:

1. Click **Claim Review** option to see the Claim Review page.

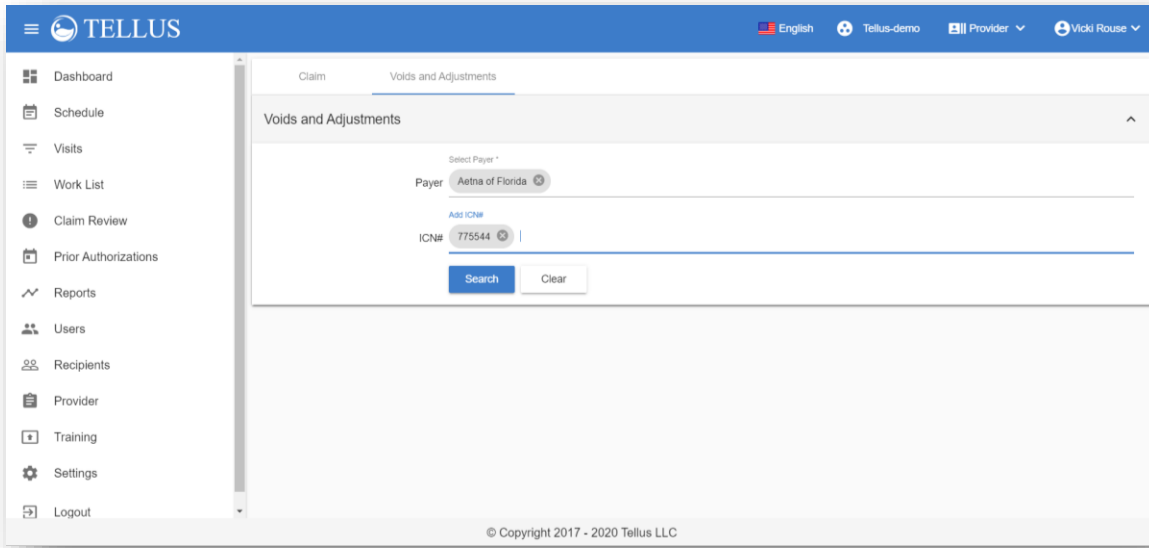


The screenshot shows the 'Mobile Caregiver+' interface. On the left is a navigation menu with options like Dashboard, Schedule, Visits, Work List, Claim Review (selected), Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Claims' and has two tabs: 'Claim' and 'Voids and Adjustments' (which is circled in red). Below the tabs is a 'Claim Review' section with a 'Search List' table. The table has columns for Row, Recipient Last Name, Recipient First Name, Visit ID, Member ID, Status, Procedure Codes/Mod, Diagnosis Code, Service Date, Authorization Number, Payer, Calculated Amount, Billing Amount, and Paid Amount. There are three rows of data in the table.

Row	Recipient Last Name	Recipient First Name	Visit ID	Member ID	Status	Procedure Codes/Mod	Diagnosis Code	Service Date	Authorization Number	Payer	Calculated Amount	Billing Amount	Paid Amount
1	BAKER	BILL	1901234570	KS10001L	RELEASED	T1019	F411	6/16/21	PA786913	FLT1	14.00	0.00	-
2	BAKER	BILL	6374362063	KS10001L	PAID	T1019	F411	6/11/21	PA786913	FLT1	14.00	14.00	14.00
3	WHISKEY	THOMAS	1156286867	99991001	PAID	T1019	F411	6/22/21	TV5508BPA	FLT1	12.00	0.00	14.00

At the bottom of the table, it says 'Items per page: 20' and '1 - 3 of 3'.

2. Click the **Voids & Adjustments** tab.



The screenshot shows the TELLUS web application interface. On the left is a sidebar menu with options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Voids and Adjustments' and contains a form with the following fields:

- Select Payer ***: A dropdown menu with 'Aetna of Florida' selected.
- Add ICN#**: A link to add a new ICN#.
- ICN#**: A text input field containing '775544'.
- Search**: A blue button to submit the search.
- Clear**: A button to clear the search fields.

At the bottom of the page, there is a copyright notice: © Copyright 2017 - 2020 Tellus LLC.

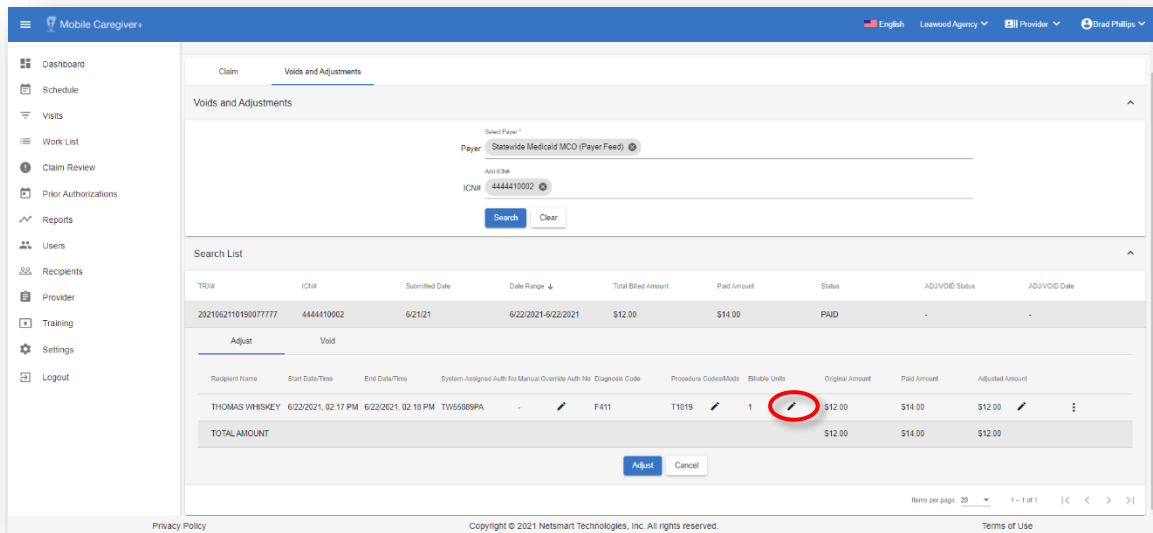
3. Use the **Payer** dropdown list to select a Payer.
4. Enter the ICN# in the **ICN#** field.

Note: You can find the ICN# in Claim Review and copy and paste it in the ICN# field

5. Click **Search**.

Note: Remember, if one claim is updated and resubmitted, all claims with the same ICN must be resubmitted, regardless of whether they are updated.

6. When your results display, click the submenu (vertical ellipsis) to the right of the claim and select **Adjust** to open the Voids & Adjustments window.



Mobile Caregiver+

English Leeward Agency Provider Grad Phillips

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Training Settings Logout

Claim Voids and Adjustments

Voids and Adjustments

Select Payer *

Payer Statewide Medicaid MCO (Payer Feed)

Add ICN#

ICN# 4444410002

Search Clear

Search List

TRX#	ICN#	Submitted Date	Date Range	Total Billed Amount	Paid Amount	Status	ADJ/VOID Status	ADJ/VOID Date
2021062110190077777	4444410002	6/21/21	6/22/2021-6/22/2021	\$12.00	\$14.00	PAID	-	-

Adjust Void

Recipient Name	Start Date/Time	End Date/Time	System Assigned Auth No	Manual Override Auth No	Diagnosis Code	Procedure Codes/Units	Billable Units	Original Amount	Paid Amount	Adjusted Amount
THOMAS WINSKEY	6/22/2021, 02:17 PM	6/22/2021, 02:10 PM	TV055888PA	-	F 411	T1019	1	\$12.00	\$14.00	\$12.00
TOTAL AMOUNT								\$12.00	\$14.00	\$12.00

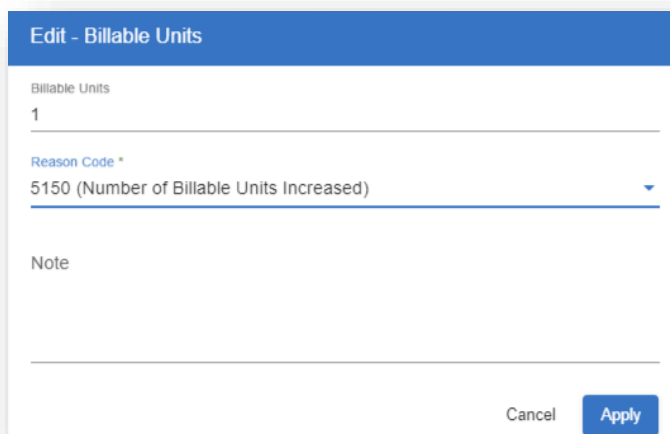
Adjust Cancel

Items per page: 20 1 - 1 of 1

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7. Any field with the “pencil” icon next to it can be edited. To do so:

- Click the “pencil” icon to open a dialog box where you can make the correct entry.



Edit - Billable Units

Billable Units

1

Reason Code *

5150 (Number of Billable Units Increased)

Note

Cancel Apply

- For each correction, you will be required to enter a **Reason Code** that you can select from a dropdown list.
- You can also add text in the **Note** field to help clarify the reason for the change.
- Click **Apply** to save your changes.

- If a warning or confirmation dialog box opens, be sure to click **Yes** to continue or **No** to return to the claim detail.
- 8. Click **Adjust**.
- 9. When the confirmation dialog box opens, click **Yes** to complete the adjustment or **No** to return to the claim detail.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Voiding a Paid Claim](#)
- [Resubmitting a Claim: Creating a Manual Visit For a Denied Claim](#)

Voiding a Paid Claim

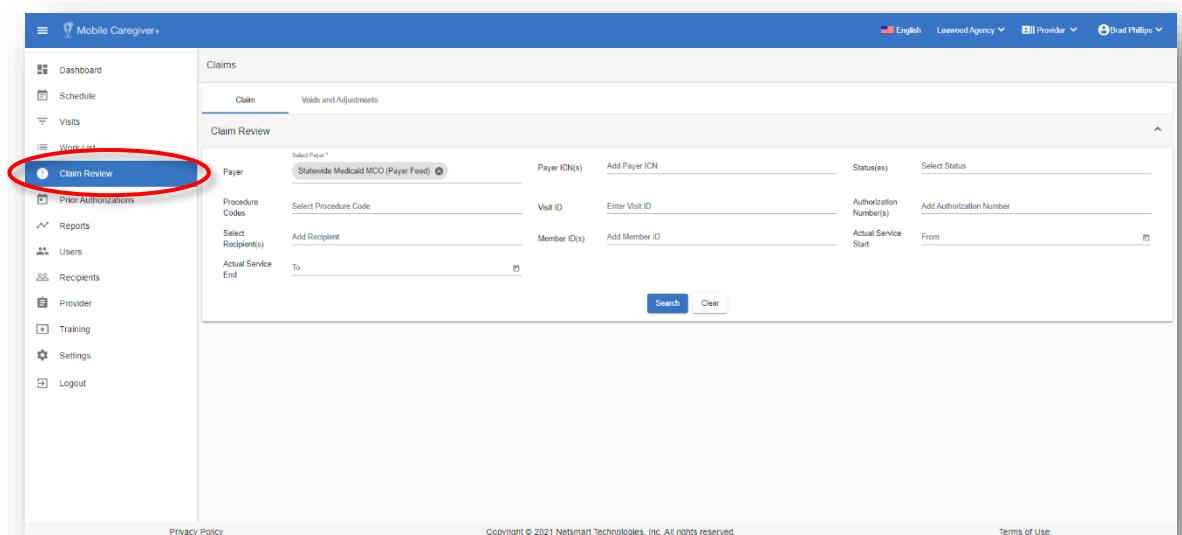
You are here: [Mobile Caregiver+ Claims](#) > [Reviewing Claims](#) > Voiding a Claim

You can void a claim and then [create a new visit](#) to resubmit it.

Note: It is best to void the claim, wait for the take-back from the Payer, and then create a new claim.

To void a paid claim:

1. Click **Claim Review** option to see the Claim Review page.



Mobile Caregiver+

English | Licensed Agency | Provider | Brad Phillips

Dashboard | Schedule | Visits | Work List | **Claim Review** | Prior Authorizations | Reports | Users | Recipients | Provider | Training | Settings | Logout

Claims

Claim | Voids and Adjustments

Claim Review

Select Payer *
Payer: Statewide Medicaid MCO (Payer Feed) | Payer ICN(s): | Add Payer ICN: | Status(es): | Select Status: |

Procedure Codes
Select Procedure Code: | Visit ID: | Enter Visit ID: | Authorization Number(s): | Add Authorization Number: |

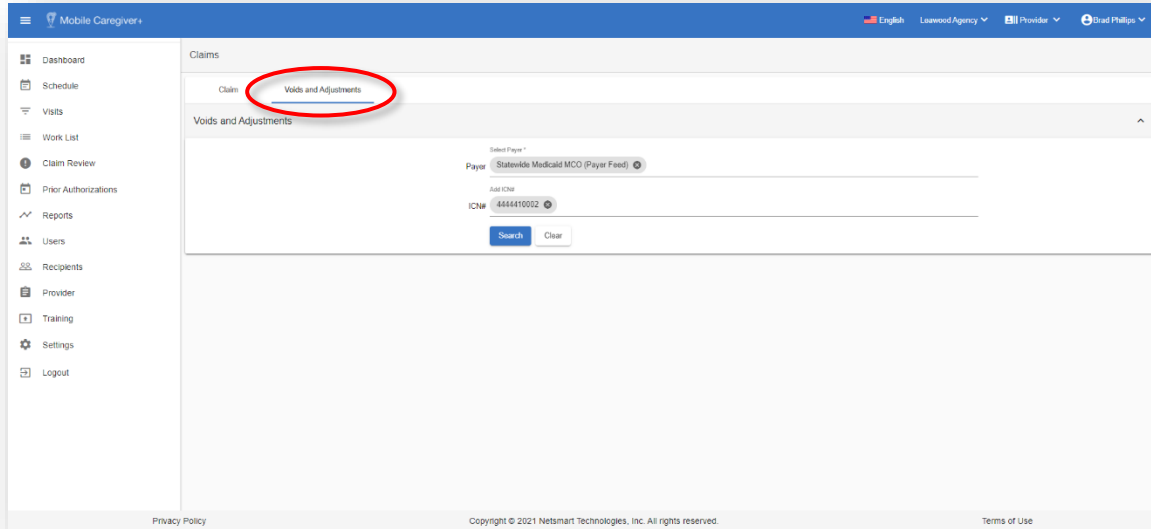
Select Recipient(s)
Add Recipient: | Member ID(s): | Add Member ID: | Actual Service Start: | From: | To: |

Actual Service End: |

Search | Clear

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2. Click the **Voids & Adjustments** tab.



The screenshot shows the Mobile Caregiver+ web application interface. On the left is a sidebar menu with options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Claims' and has two tabs: 'Claims' and 'Voids and Adjustments'. The 'Voids and Adjustments' tab is selected and circled in red. Below the tabs is a form with the following fields:

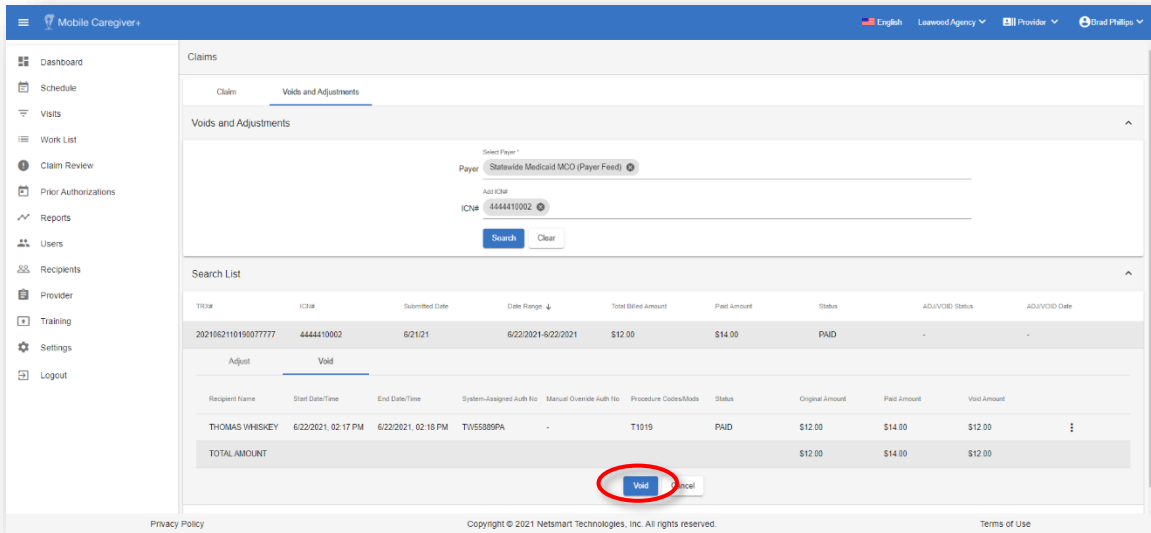
- Payer:** A dropdown menu showing 'Statewide Medicaid MCO (Payer Feed)'.
- ICN#:** A text input field containing '4444410002'.
- Buttons:** 'Search' and 'Clear' buttons.

At the bottom of the page, there is a footer with 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

3. Use the **Payer** dropdown list to select a Payer.
4. Enter the ICN# in the **ICN#** field.

Note: You can find the ICN# in Claim Review and copy and paste it in the ICN# field

5. Click **Search**.
6. When your results display, click the submenu (vertical ellipsis) to the right of the claim and select **Void** to open the Voids & Adjustments window.



The screenshot shows the 'Mobile Caregiver+' interface. On the left is a sidebar with navigation options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main area is titled 'Claims' and has a sub-tab 'Voids and Adjustments'. Below this, there's a 'Voids and Adjustments' section with a 'Select Payer' dropdown set to 'Statewide Medicaid MOO (Payer Feed)'. Below that is an 'Add ICN#' field with the value '4444410002'. There are 'Search' and 'Clear' buttons. Below this is a 'Search List' table with columns: TIO#, ICN#, Submitted Date, Date Range, Total Billed Amount, Paid Amount, Status, ADJ/VOID Status, and ADJ/VOID Date. The table has one row with data: TIO# 2021062110190077777, ICN# 4444410002, Submitted Date 6/21/21, Date Range 6/22/2021-6/22/2021, Total Billed Amount \$12.00, Paid Amount \$14.00, Status PAID, ADJ/VOID Status -, and ADJ/VOID Date -. Below the table are 'Adjust' and 'Void' buttons. The 'Void' button is circled in red. Below the buttons is a table with columns: Recipient Name, Start Date/Time, End Date/Time, System-Assigned Auth No, Manual Override Auth No, Procedure Codes/Units, Status, Original Amount, Paid Amount, and Void Amount. The table has one row with data: Recipient Name THOMAS WHISKEY, Start Date/Time 6/22/2021, 02:17 PM, End Date/Time 6/22/2021, 02:18 PM, System-Assigned Auth No TIV5589PA, Manual Override Auth No -, Procedure Codes/Units T1019, Status PAID, Original Amount \$12.00, Paid Amount \$14.00, and Void Amount \$12.00. Below this table is a 'TOTAL AMOUNT' row with the same values. At the bottom of the 'TOTAL AMOUNT' row, there are 'Void' and 'Cancel' buttons. The 'Void' button is circled in red. At the very bottom of the interface, there are links for 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

7. Click **Void**.
8. When the confirmation dialog box opens, click **Yes** to complete the void or **No** to return to the claim detail.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Resubmitting a Claim: Creating a Manual Visit For a Denied Claim](#)

Resubmitting a Claim: Creating a Manual Visit for a Denied Claim

You are here: [Mobile Caregiver+ Claims](#) > [Reviewing Claims](#) > Resubmitting a Claim: Creating a Manual Visit for a Denied Claim

Claims may be denied for many reasons. You can resubmit a denied claim using the Work List. See [Creating a New Visit](#) for instructions.

Note: You can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Voiding a Paid Claim](#)

Working with Prior Authorizations

You are here: [Mobile Caregiver+ Claims](#) > Working with Prior Authorizations

Click a topic below:

[Searching for a Prior Authorization](#)

[Adding a Prior Authorization](#)

[Updating a Prior Authorization](#)

[Deleting a Prior Authorization](#)

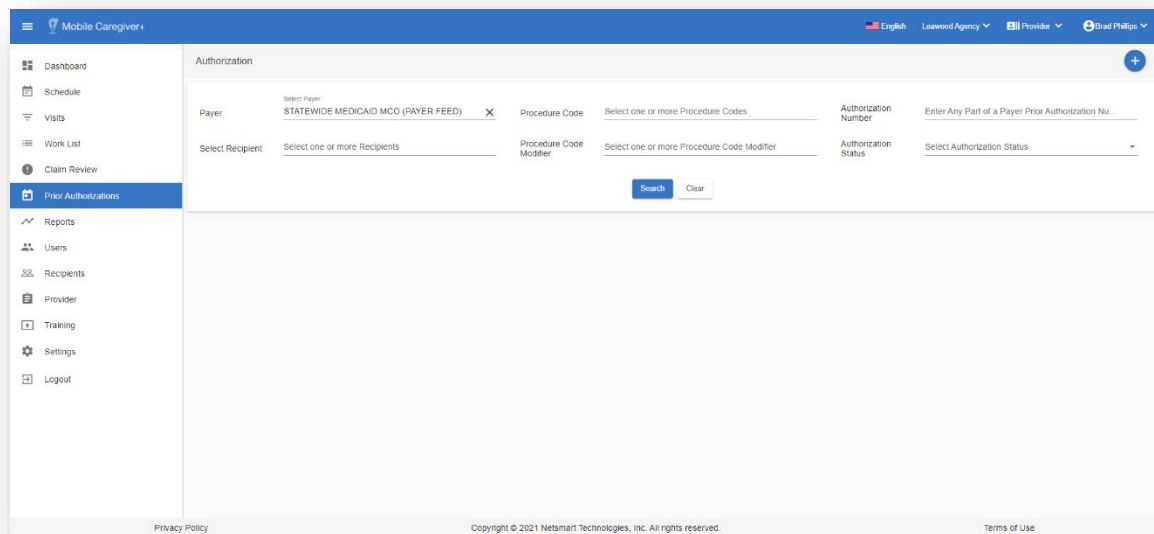
Searching for a Prior Authorization

You are here: [Mobile Caregiver+ Claims](#) > [Working with Prior Authorizations](#) > Searching for a Prior Authorization

Prior Authorizations are loaded to Mobile Caregiver+ through a batch file that is imported to the system at regular intervals, determined by your agency. Prior Authorizations, should be assigned to visits when they are scheduled; however, on rare occasions they may not be. For example, a Rendering Provider may need to create a visit on their Netsmart Mobile Care+ app on a weekend, when no one is available to schedule the visit. When that happens, the Prior Authorization will be assigned to the visit as soon as it is available in the Mobile Caregiver+ portal; completed visits with no Prior Authorizations will have the status “Unmatched.”

To find and view a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.

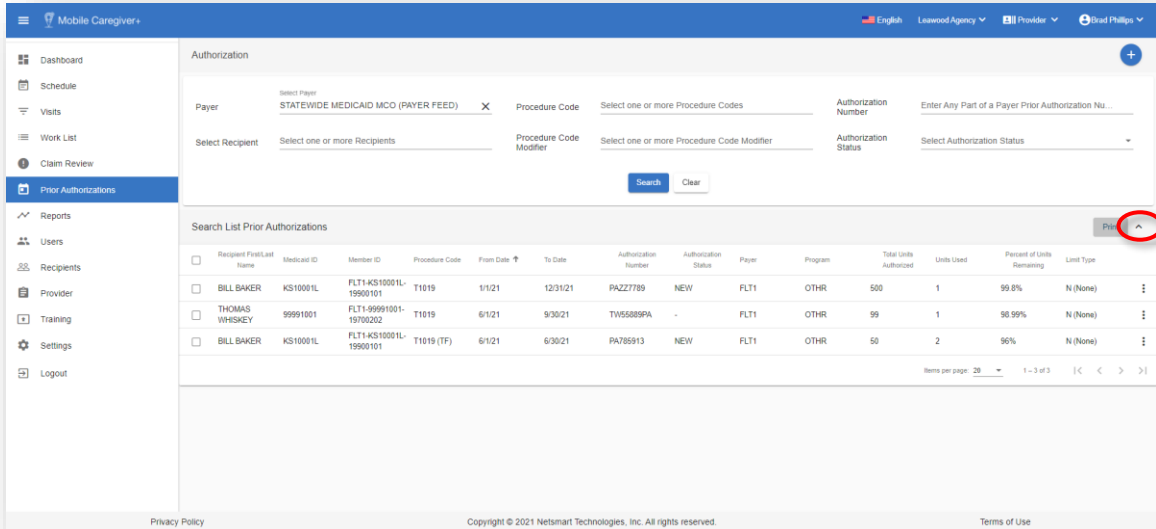


3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient
 - HCPCS Code
 - HCPCS Modifier

- Authorization Number
- Authorization Status

5. Click **Search**.

A list of Prior Authorizations will display below the search fields. Click **^** to collapse the search fields to see the list; click **v** to expand the search fields.



Authorization

Select Payer: STATEWIDE MEDICAID MCO (PAYER FEED) X

Select Recipient: Select one or more Recipients

Procedure Code: Select one or more Procedure Codes

Procedure Code Modifier: Select one or more Procedure Code Modifier

Authorization Number: Enter Any Part of a Payer Prior Authorization Nu...

Authorization Status: Select Authorization Status

Search **Clear**

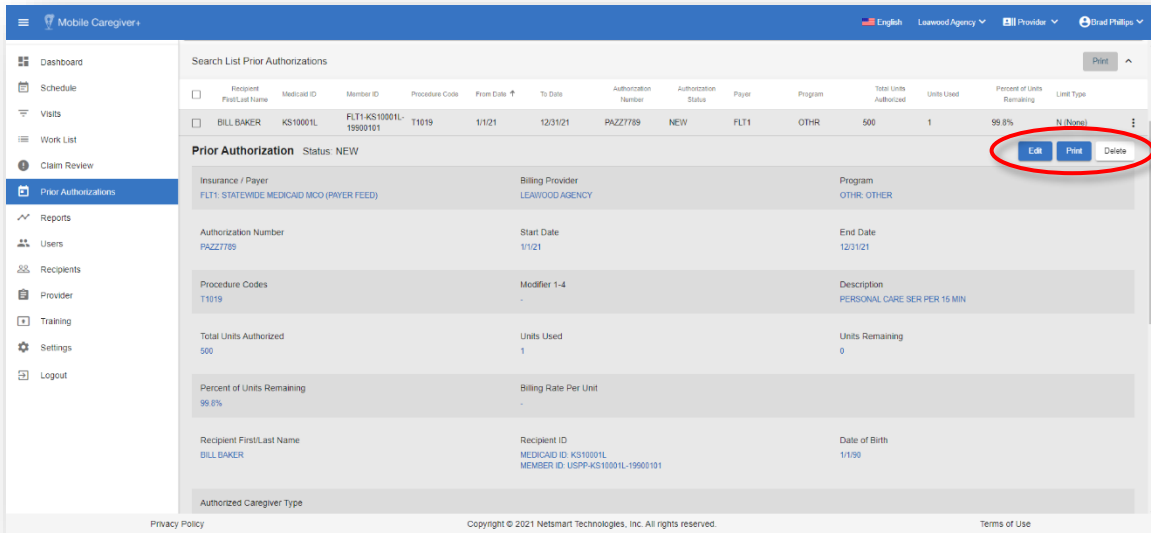
Search List Prior Authorizations

<input type="checkbox"/>	Recipient First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Limit Type
<input type="checkbox"/>	BILL BAKER	KS10001L	1990101	FLT1-KS10001L-1990101	1/1/21	12/31/21	PAZZ7789	NEW	FLT1	OTHR	500	1	99.8%	N (None)
<input type="checkbox"/>	THOMAS WHSKEY	99991001	15700202	FLT1-99991001-15700202	6/1/21	9/30/21	TV55089PA	-	FLT1	OTHR	99	1	98.99%	N (None)
<input type="checkbox"/>	BILL BAKER	KS10001L	1990101	FLT1-KS10001L-1990101	6/1/21	6/30/21	PA788913	NEW	FLT1	OTHR	50	2	96%	N (None)

Items per page: 20 1 - 3 of 3


Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

6. Click a Prior Authorization to see its detail.



7. Using the buttons in the upper right corner of the detail screen you can:

- [Update the authorization.](#)
- Print the authorization. When you click **Print**, a warning will display reminding you of HIPAA regulations about protected health information; click **OK** to continue.



- [Delete the authorization.](#)

Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

Related Topics

- [Adding a Prior Authorization](#)
- [Updating a Prior Authorization](#)
- [Deleting a Prior Authorization](#)

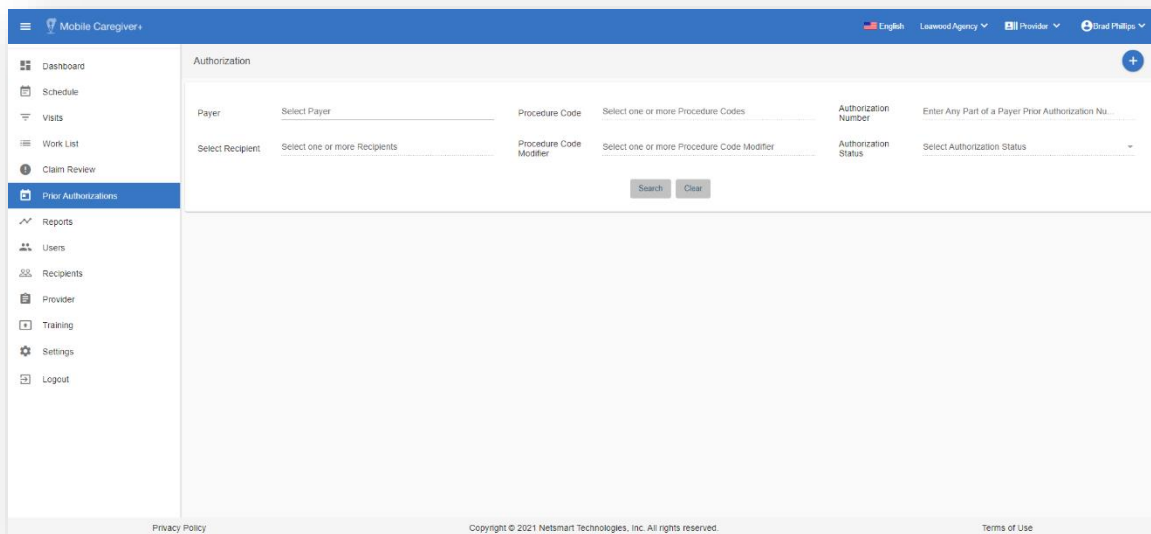
Adding a Prior Authorization

You are here: [Mobile Caregiver+ Claims](#) > [Working with Prior Authorizations](#) > Adding a Prior Authorization

Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

To add a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.
3. Select a payer from the **Payer** dropdown list.

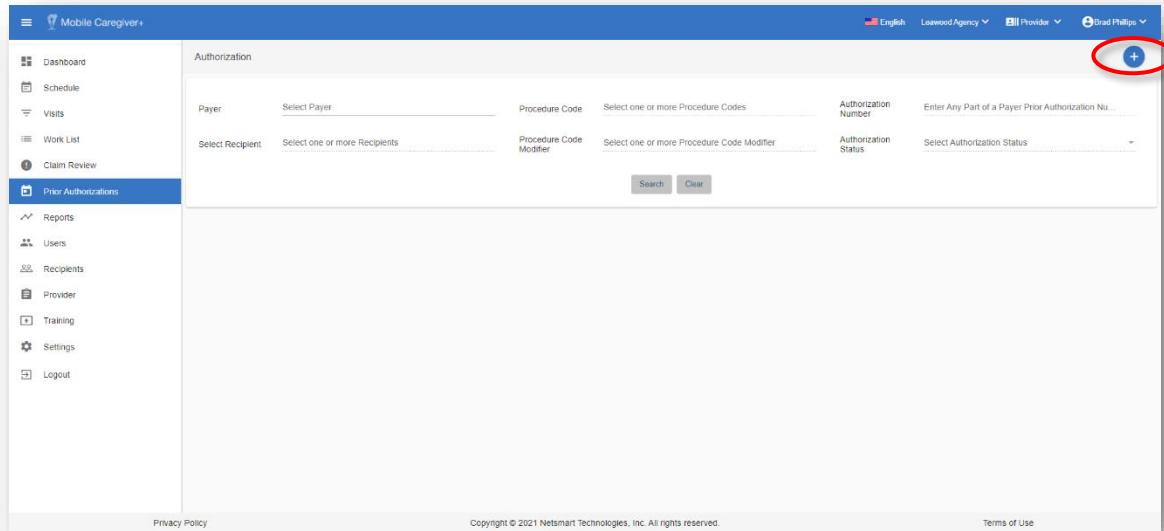


The screenshot shows the 'Authorization' page in the Mobile Caregiver+ interface. The left sidebar contains a 'Main Menu' with options: Dashboard, Schedule, Visits, Work List, Claim Review, **Prior Authorizations** (highlighted), Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Authorization' and features a form with the following fields:

- Payer:** Select Payer
- Procedure Code:** Select one or more Procedure Codes
- Authorization Number:** Enter Any Part of a Payer Prior Authorization Nu...
- Select Recipient:** Select one or more Recipients
- Procedure Code Modifier:** Select one or more Procedure Code Modifier
- Authorization Status:** Select Authorization Status

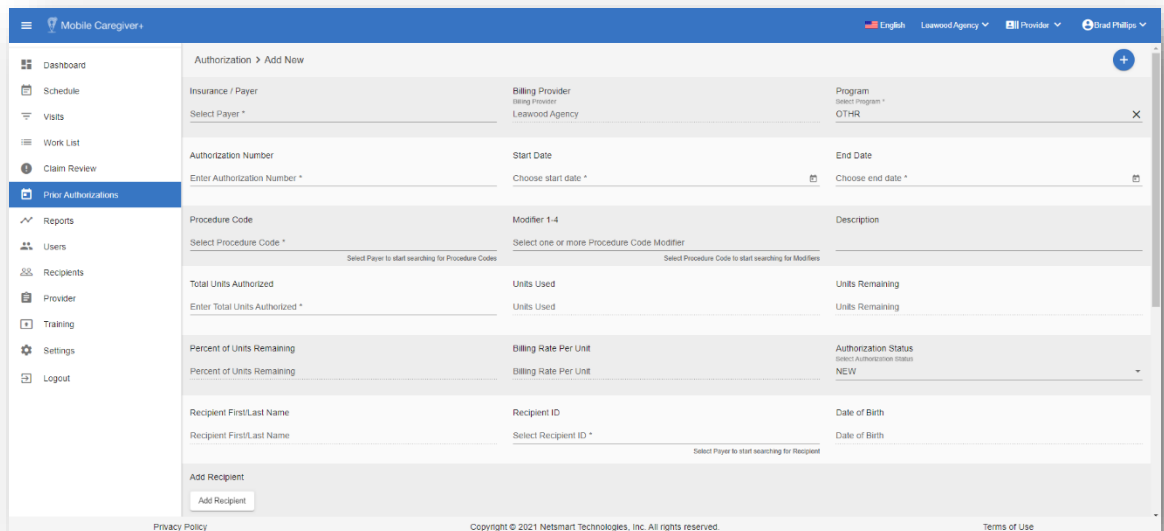
Below the form are 'Search' and 'Clear' buttons. The footer of the page includes 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

When you select a Payer, the add icon displays.



The screenshot shows the 'Authorization' form in the Mobile Caregiver+ application. The form includes fields for Payer, Procedure Code, Authorization Number, and Authorization Status. The 'Add' icon is highlighted in the top right corner.

4. Click the Add icon to reveal the Prior Authorization fields.



The screenshot shows the 'Add New' form for Prior Authorization. The form includes fields for Insurance / Payer, Billing Provider, Program, Authorization Number, Start Date, End Date, Procedure Code, Modifier 1-4, Description, Total Units Authorized, Units Used, Units Remaining, Percent of Units Remaining, Billing Rate Per Unit, Authorization Status, Recipient FirstLast Name, Recipient ID, and Date of Birth. The 'Add' icon is highlighted in the top right corner.

5. Make the following entries and selections.

- **Insurance/Payer:** This field auto populates with the Payer you selected.
- **Care Type:** Care type selections are populated based on the Payer you selected. Choose one from the dropdown list.

Note: For Anthem-Integrated, choose ANTHINT; for all other Payers choose OTHR.

- **Contract Number:** Enter the contract number for the Prior Authorization.
- **Service Group Code:** This field is not currently used; leave blank.
- **Check to prevent updates from payer:** Prior Authorization information is updated by the payer through electronic feeds to Netsmart. If you do not want this Prior Authorization updated, check this box.
- **TPI:** This field is not currently used; leave blank.
- **HCPCS Code:** Use the dropdown list to select the code for the service that will be provided.
- **Modifier 1-4:** If the service code (HCPCS) requires a modifier, select it from the dropdown list.
- **Recipient Name/Last Name:** This field is auto-populated when you select a **Recipient ID**.
- **Recipient ID:** Use the dropdown list to select the Recipient ID.
- **Recipient DOB:** This field is auto-populated when you select a **Recipient ID**.
- **Authorization Number:** Enter the Prior Authorization identifier.
- **Authorization Status:** This field defaults to **New** and cannot be changed.
- **Effective Date:** Click the calendar icon and select the first date the Prior Authorization is valid.
- **Expiration Date:** Click the calendar icon and select the date the Prior Authorization expires.
- **Unit Type:** Use the dropdown list to select how billing units are charged (for example, Hour, Quarter Hour, or Visit); refer to the service code for billing increments.
- **Total Units Authorized:** Enter the total number of units authorized for the Recipient and Service.

- Total Units Authorized Remaining, Percent of Units Authorized Remaining: These fields will be updated as visits are completed.
- **Limit:** Use the dropdown list to select the intervals at which the service can be provided; choose **Daily, Monthly, None, Weekly, or Yearly**. The field to the right will change based on your selection; enter the number of units authorized.

6. When your entries are complete, click **Save**.

Related Topics

- [Searching for a Prior Authorization](#)
- [Deleting a Prior Authorization](#)

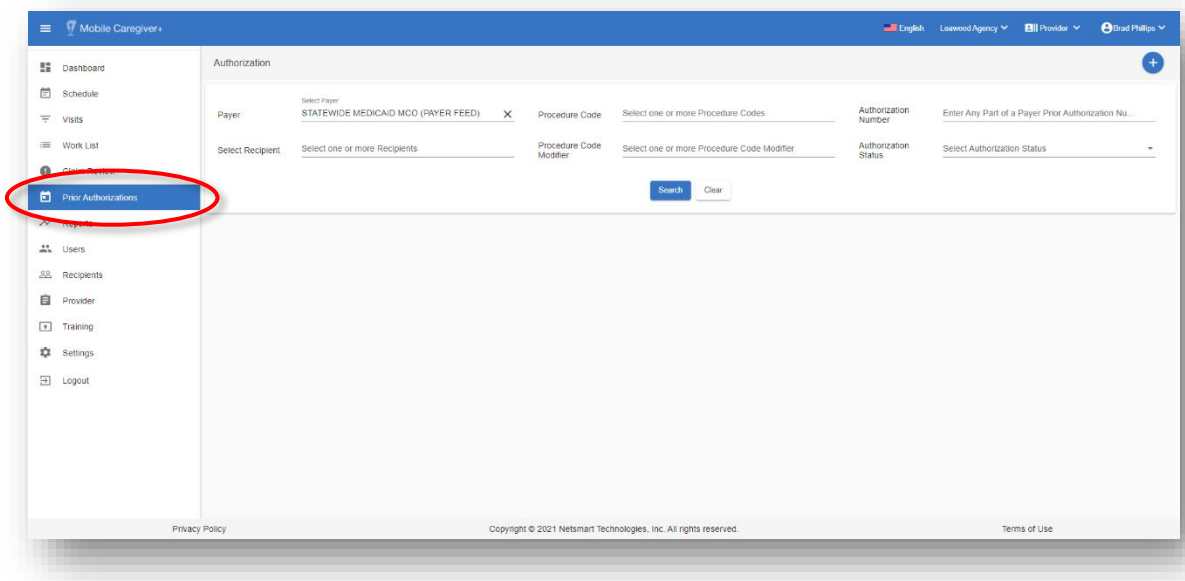
Updating a Prior Authorization

You are here: [Mobile Caregiver+ Claims](#) > [Working with Prior Authorizations](#) > Updating a Prior Authorization

Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

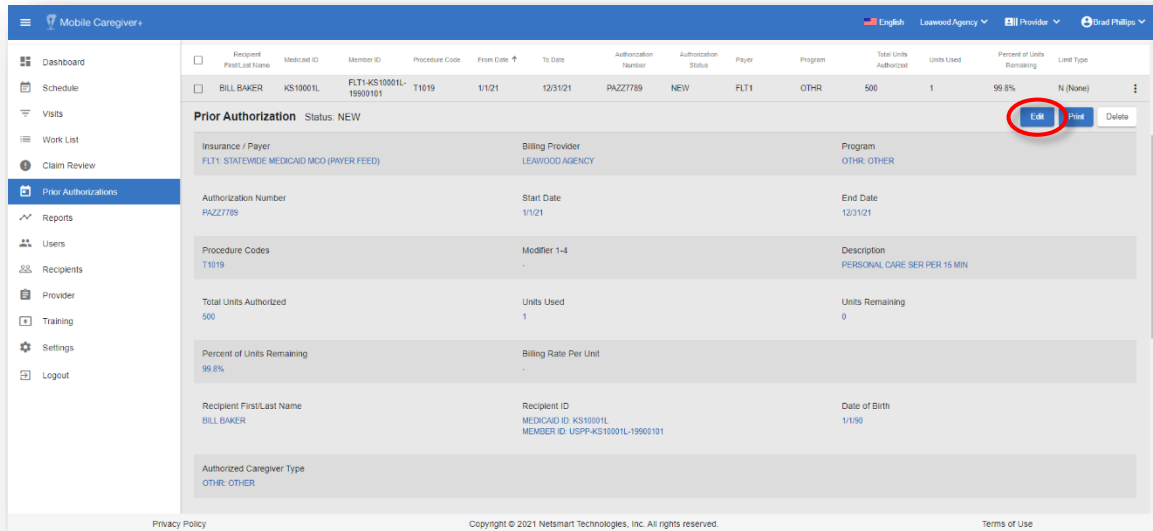
To update a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.



The screenshot shows the Mobile Caregiver+ interface. On the left, the 'Main Menu' is expanded, and 'Prior Authorizations' is highlighted with a red circle. The main area is titled 'Authorization' and features several search filters: 'Payer' (with a dropdown menu showing 'STATEWIDE MEDICAID MCO (PAYER FEED)'), 'Select Recipient' (with a dropdown menu), 'Procedure Code' (with a dropdown menu), and 'Authorization Number' (with a text input field). There are also buttons for 'Search' and 'Clear'. The footer includes links for 'Privacy Policy', 'Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.', and 'Terms of Use'.

3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the Prior Authorization](#) you want to update.
5. When the list displays, click the line for the Prior Authorization you want to update to see its detail.



Prior Authorization Status: NEW

Recipient First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Unit Type
BILL BAKER	KS10001L	FLT1-KS10001L-1990101	T1019	1/1/21	12/31/21	PAZZ7789	NEW	FLT1	OTHR	500	1	99.8%	N (Name)

Insurance / Payer: FLT1: STATEWIDE MEDICAID MCO (PAYER FEED) **Billing Provider:** LEANWOOD AGENCY **Program:** OTHR: OTHER

Authorization Number: PAZZ7789 **Start Date:** 1/1/21 **End Date:** 12/31/21

Procedure Codes: T1019 **Modifier 1-4:** - **Description:** PERSONAL CARE SER PER 15 MIN

Total Units Authorized: 500 **Units Used:** 1 **Units Remaining:** 0

Percent of Units Remaining: 99.8% **Billing Rate Per Unit:** -

Recipient First/Last Name: BILL BAKER **Recipient ID:** MEDICAID ID: KS10001L
MEMBER ID: USPF-KS10001L-1990101 **Date of Birth:** 1/1/90

Authorized Caregiver Type: OTHR: OTHER

Buttons: **Edit** (highlighted), **Print**, **Delete**

6. Click **Edit**.
7. You can make entries and selections in the following fields. See [Adding a Prior Authorization](#) if you need information about what to enter:
 - Care Type
 - Unit Type
 - Check to prevent updates form Payer
 - Total Units Authorized
 - TPI
 - **Total Units Authorized Remaining** (Percent of Units Authorized is calculated based on these two entries.)
 - HCPCS Code
 - Limit
 - Modifier 1-4
 - Number of units authorized based on your **Limit** selection.
 - Authorization Number
 - Effective Date
 - Expiration Date
8. Click **Save**.

Related Topics

- [Searching for a Prior Authorization](#)
- [Deleting a Prior Authorization](#)
- [Adding a Prior Authorization](#)

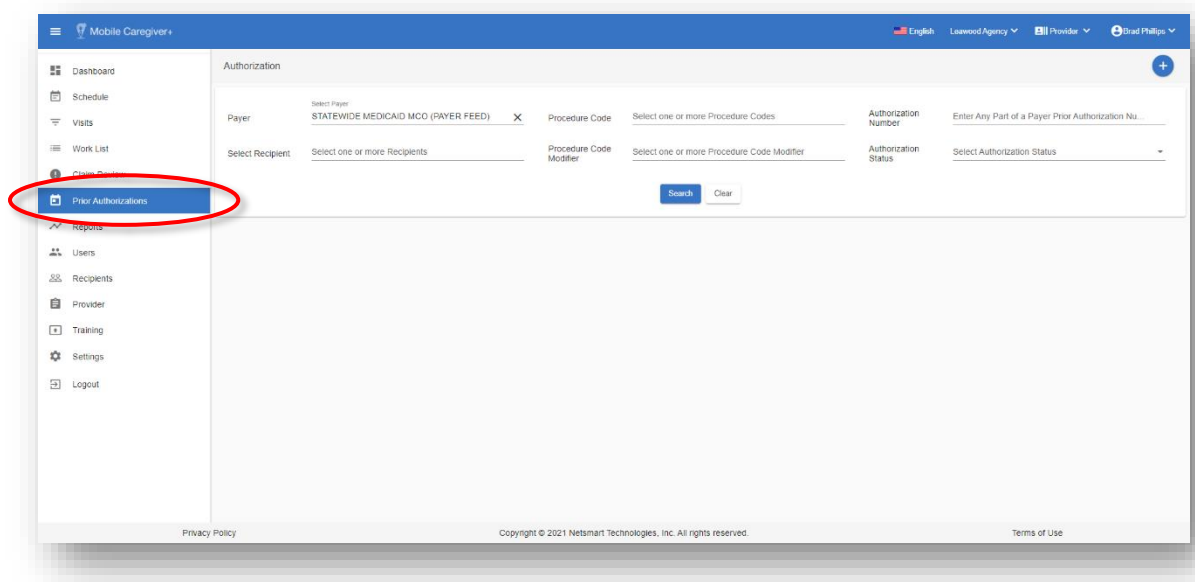
Deleting a Prior Authorization

You are here: [Mobile Caregiver+ Claims](#) > [Working with Prior Authorizations](#) > Deleting a Prior Authorization

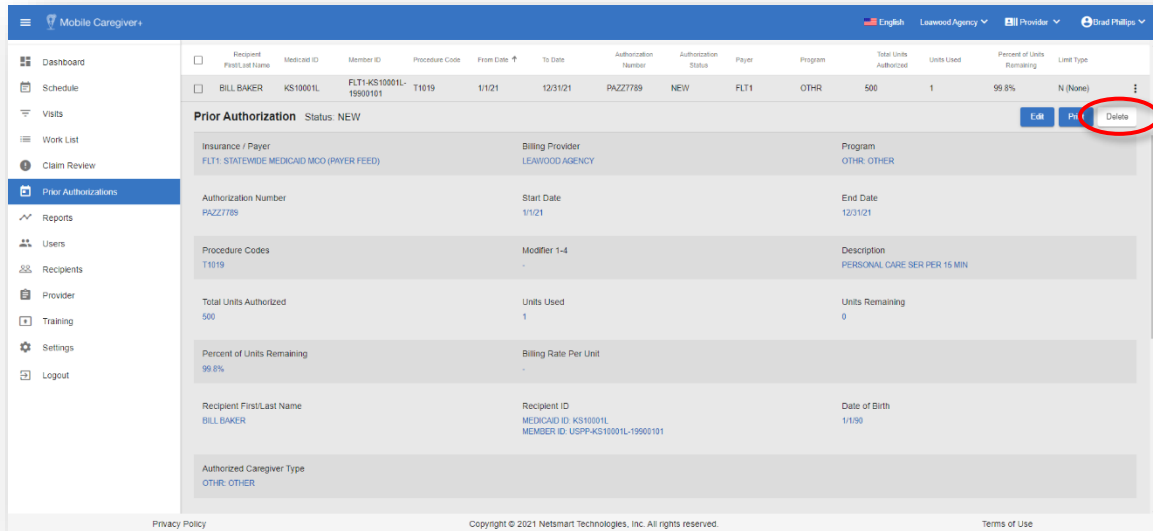
Note: Payers and Mobile Caregiver+ business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

To delete a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.



3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the Prior Authorization](#) you want to delete.
5. When the list displays, click the checkbox for the Prior Authorization you want to delete.
6. Click the line to see the Prior Authorization detail.



Prior Authorization Status: NEW

Recipient First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Player	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Unit Type
BILL BAKER	KS10001L	FLT1-KS10001L-1990101	T1019	1/1/21	12/31/21	PAZZ7789	NEW	FLT1	OTHR	500	1	99.8%	N (None)

Insurance / Player
FLT1: STATEWIDE MEDICAID MCO (PRYER FEED)

Billing Provider
LEAWOOD AGENCY

Program
OTHR: OTHER

Authorization Number
PAZZ7789

Start Date
1/1/21

End Date
12/31/21

Procedure Codes
T1019

Modifier 1-4
-

Description
PERSONAL CARE SER PER 15 MIN

Total Units Authorized
500

Units Used
1

Units Remaining
0

Percent of Units Remaining
99.8%

Billing Rate Per Unit
-

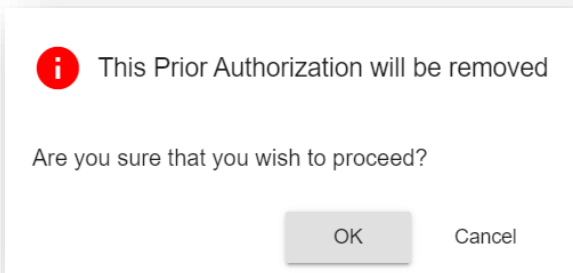
Recipient First/Last Name
BILL BAKER

Recipient ID
MEDICAID ID: KS10001L
MEMBER ID: USPF-KS10001L-1990101

Date of Birth
1/1/90

Authorized Caregiver Type
OTHR: OTHER

7. Click **Delete**.



i This Prior Authorization will be removed

Are you sure that you wish to proceed?

OK Cancel

8. Confirm that you want to delete by clicking **OK**; or click **Cancel** to keep the Prior Authorization.

Related Topics

- [Searching for a Prior Authorization](#)
- [Updating a Prior Authorization](#)
- [Adding a Prior Authorization](#)

Reporting

You are here: [Mobile Caregiver+ Claims](#) > Reporting

Note: You must be assigned the User Role “Admin” in order to see the Reports option.

Click a topic below:

[Generating a Report](#)

[Exporting a Report](#)

Generating a Report

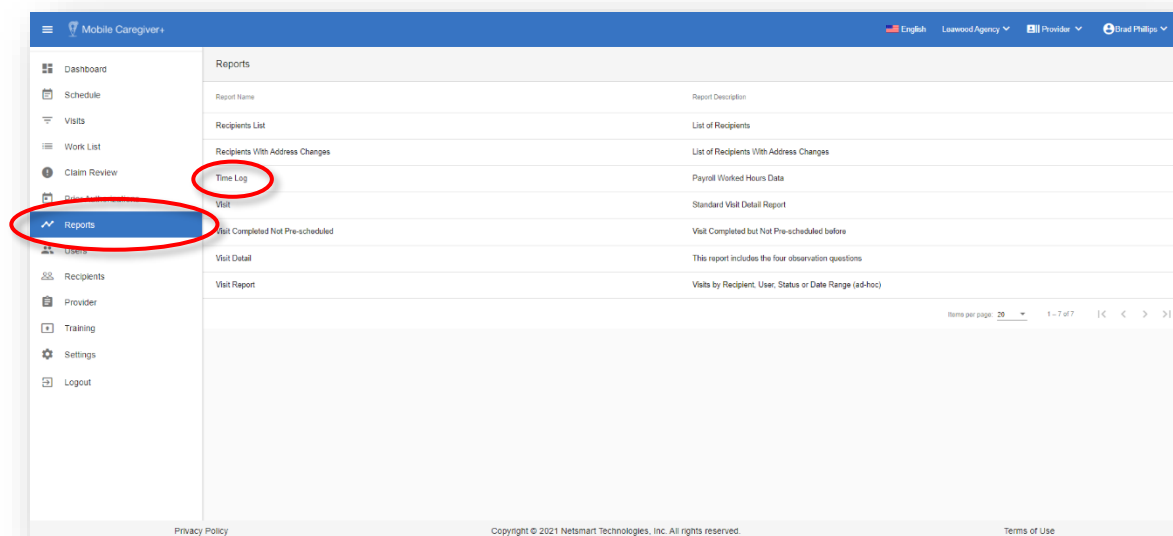
You are here: [Mobile Caregiver+ Claims](#) > [Reporting](#) > Generating a Report

Note: You must be assigned the User Role “Admin” in order to see the Reports option.

Claims offers several reports. The Time Log report is used as an example in these instructions to show you how to generate a report. Filters are different for each report, but making selections and generating all reports is the same.

To generate one of the standardized reports:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Reports**.



3. Click the name of the report you want to generate.
4. When the report displays, you will see filters on the left side of the page.

You may need to scroll down to see all filters.

Reports > Time Log

Export

Zoom in

Zoom out

Start Date

2020-05-06

End Date

2020-05-06

Recipient

Available: 2 Selected: 0

Search list...

Jimmy Marley

John Chung

☒ All

☒ None

☒ Invert

Caregiver

Available: 1 Selected: 0

Search list...

Dale Carr

TELLUS DEMO ACCOUNT

Time Log

Time Log: May 6, 2020 - May 6, 2020

Caregiver	Recipient Name	Payer ID	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Dale Carr	Jimmy Marley	AETH	T1019	05/06/2020 9:05:40 AM	05/06/2020 9:35:40 AM	0.50	05/06/2020 9:05:40 AM	05/06/2020 10:35:40 AM
Dale Carr	John Chung	AETH	S9122 TT	05/06/2020 10:15:49 AM	05/06/2020 10:45:49 AM	0.50	05/06/2020 10:15:49 AM	05/06/2020 10:45:49 AM
Grand Totals:						1.00		

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5. Make your entries and selections for any or all of the available filters.


- For some reports, like the Time Log Report shown, you may be able to enter a range, such as dates, for the data you want to see. Use the dropdown calendar for the **Start Date** and **End Date** to choose the date range you want to see payroll for.
- Filters like **Recipient** that have tabs titled **Available** and **Selected** allow you to choose from a list. You can:
 - Check **All** at the bottom of the list to see all data elements that appear on the **Available** tab. When you do, all elements will appear on the **Selected** tab and the number on the **Selected** tab will be updated.
 - Click individual elements on the **Available** tab if you only want to see a few data elements on the report. Your selections will appear on the **Selected** tab and the number on that tab will change to the number of data elements you selected.
 - Remove any individual element you selected on

Reports > Time Log

Start Date




End Date





Recipient

Available: 44
Selected: 4




Aaron Becker
Mary Doe
fernando durand
Bradley Marte
Jimmy Marley
Bob Hammond
Nikita Buslov
Chris Fernican
Beres Brown
Fred Flintstone

☒ All
☒ None
☒ Invert

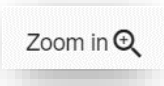

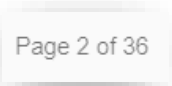




Caregiver

Available: 39
Selected: 0



- either the **Available** or **Selected** tab. Click the “x” to the left of the data element you do not want included on the report.
- Remove all data elements you selected by clicking **None** on the **Available** tab; the Selected tab will be updated accordingly.
6. After making all your entries and selections, click **Apply**.

7. Use the buttons listed below to view the contents of the report. Zoom options appear at the top of the page; paging options appear at the bottom of the page. You may need to scroll down to see them. You can also [export the report](#).

Button	Description
	Zoom in to enlarge report.
	Zoom out to reduce size of report.
	See the number of the page displayed as well as the total number of pages in the report.
	Return to the first page of the report.
	Move back one page.
	Move forward one page.
	Move to last page of the report.

Related Topic

- [Exporting a Report](#)

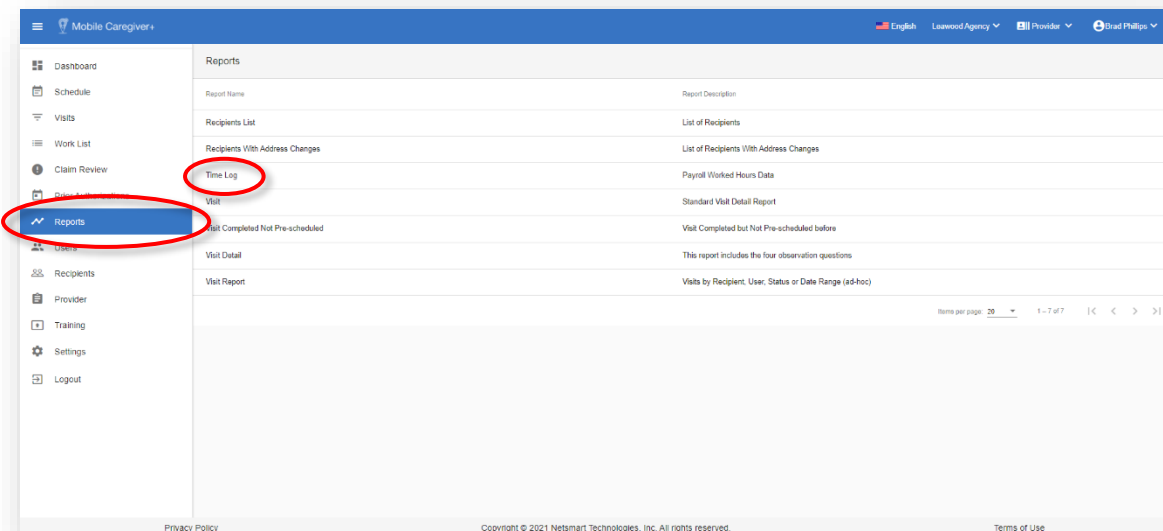
Exporting a Report

You are here: [Mobile Caregiver+ Claims](#) > [Reporting](#) > Exporting a Report

Note: You must be assigned the User Role “Admin” in order to see the Reports option.

To export one of the standardized reports:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Reports**.
3. Click the name of the report you want to generate.



4. Use the filters to [select the data](#) you want included on your report and then click **Apply**.

Reports > Payroll report

Export ▼ Zoom in 🔍 Zoom out 🔍

Start Date
2019-09-18

End Date
2019-09-18

Recipient
Available: 4 Selected: 0
Search list...
Bob Hammond
fernando durand
John Chung
Peter Cliff
☐ Select ... ☐ Desele... ☐ Invert

Caregiver
Available: 2 Selected: 0
Search list...
Dale Carr

TELLUS DEMO ACCOUNT
Payroll Report
Payroll Period: September 18, 2019 - September 18, 20

Caregiver Name	Recipient Name	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Cameron, Salazar 5555555555 18282704609 cameron.salazar@t4tellus.com							
	Maria, Marte DOB: 02/05/1934	T1019	09/18/2019 2:45:33 PM	09/18/2019 4:45:33 PM	2.00	09/18/2019 2:50:48 PM	09/18/2019 2:56:27 PM
Totals:					2.00		
Dale, Carr 19547194556 dale.carr@t4tellus.com							
	Bob, Hammond DOB: 01/23/1961	S5130	09/18/2019 2:45:05 PM	09/18/2019 3:00:05 PM	0.25	09/18/2019 1:50:37 PM	09/18/2019 1:52:19 PM
	John, Chung DOB: 01/01/1967	S5130	09/18/2019 11:00:54 AM	09/18/2019 11:30:54 AM	0.50	09/18/2019 1:20:59 PM	09/18/2019 1:23:58 PM
	Peter, Cliff DOB: 01/23/1961	S5130	09/18/2019 2:05:26 PM	09/18/2019 2:35:26 PM	0.50	09/18/2019 1:46:27 PM	09/18/2019 1:48:59 PM
	John, Chung DOB: 01/01/1967	S9122	09/18/2019 11:00:54 AM	09/18/2019 11:30:54 AM	0.50	09/18/2019 1:20:59 PM	09/18/2019 1:23:58 PM

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5. Click the **Export** dropdown and select the format for your report.

TELLUS

English TELLUSDEMO Provider Vicki Rouse

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Settings Training Logout

Reports > Time Log

Start Date: 2020-05-07 End Date: 2020-05-07

PDF

Excel (Paginated)

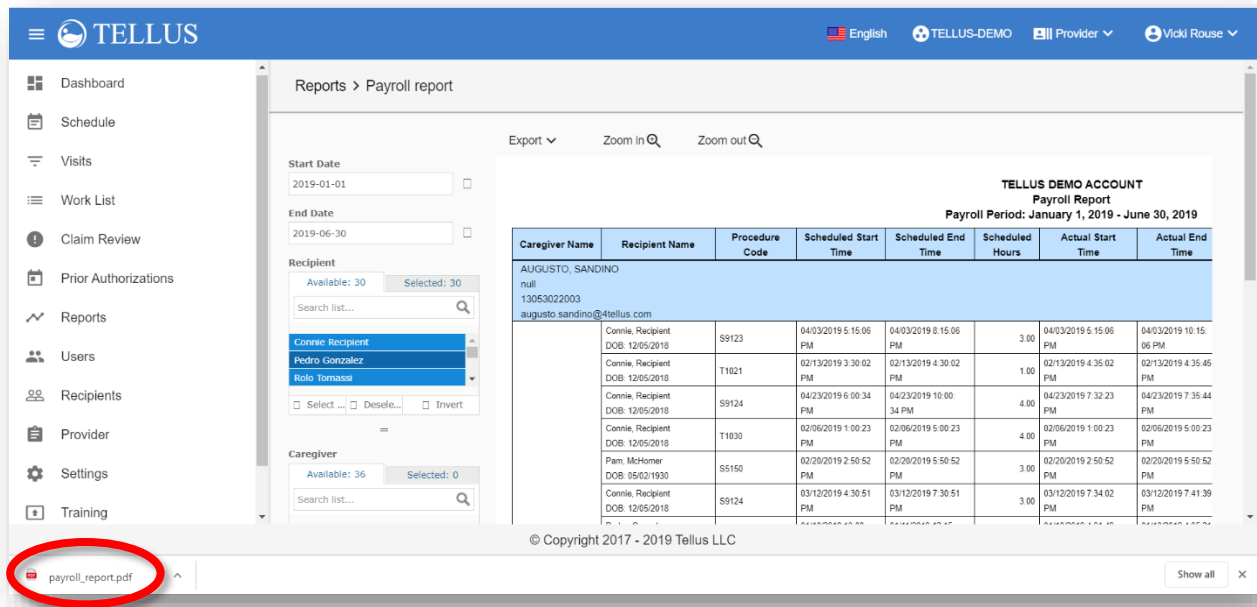
XLSX (Paginated)

TELLUS DEMO ACCOUNT
Time Log
Time Log: May 7, 2020 - May 7, 2020

Recipient Name	Payer ID	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Dale Carr	Chris Barker	AETH	05/07/2020 12:20:21 PM	05/07/2020 12:50:21 PM	0.50	05/07/2020 12:20:21 PM	05/07/2020 12:50:21 PM
Conrado Caducio	Peter Parker	AETH	05/07/2020 12:25:22 PM	05/07/2020 2:25:22 PM	2.00	05/07/2020 12:25:22 PM	05/07/2020 2:25:22 PM
Dale Carr	Aaron Becker	AETH	05/07/2020 5:55:12 AM	05/07/2020 5:55:12 AM	0.75	05/07/2020 7:30:12 AM	05/07/2020 8:30:12 AM
Grand Totals:					3.25		

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6. When the report is downloaded, it will appear at the bottom left of your screen.



TELLUS

English TELLUS-DEMO Provider Vicki Rouse

Reports > Payroll report

Start Date: 2019-01-01 End Date: 2019-06-30

Recipient: Available: 30 Selected: 30

Caregiver: Available: 36 Selected: 0

TELLUS DEMO ACCOUNT Payroll Report
Payroll Period: January 1, 2019 - June 30, 2019

Caregiver Name	Recipient Name	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
AUGUSTO, SANDINO							
null							
13053022003							
augusto.sandino@4tellus.com							
Connie, Recipient	DOB: 12/05/2018	S9123	04/03/2019 5:15:06 PM	04/03/2019 8:15:06 PM	3.00	04/03/2019 5:15:06 PM	04/03/2019 10:15:06 PM
Connie, Recipient	DOB: 12/05/2018	T1021	02/13/2019 3:30:02 PM	02/13/2019 4:30:02 PM	1.00	02/13/2019 4:35:02 PM	02/13/2019 4:35:45 PM
Connie, Recipient	DOB: 12/05/2018	S9124	04/23/2019 6:00:34 PM	04/23/2019 10:00:34 PM	4.00	04/23/2019 7:32:23 PM	04/23/2019 7:35:44 PM
Connie, Recipient	DOB: 12/05/2018	T1030	02/06/2019 1:00:23 PM	02/06/2019 5:00:23 PM	4.00	02/06/2019 1:00:23 PM	02/06/2019 5:00:23 PM
Pam, McHomer	DOB: 05/02/1930	S5150	02/20/2019 2:50:52 PM	02/20/2019 5:50:52 PM	3.00	02/20/2019 2:50:52 PM	02/20/2019 5:50:52 PM
Connie, Recipient	DOB: 12/05/2018	S9124	03/12/2019 4:30:51 PM	03/12/2019 7:30:51 PM	3.00	03/12/2019 7:34:02 PM	03/12/2019 7:41:39 PM

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payroll_report.pdf Show all

7. Click the download indicator to open the report.

Related Topic

- [Generating a Report](#)